



National Resource Center on Homelessness and Mental Illness

Co-Occurring Disorders

August 2004

*Resources listed herein are a selection of materials available on this topic. Many are available from your local library or inter-library loan. Unless otherwise noted, all other materials are available from the National Resource Center on Homelessness and Mental Illness. Photocopying charges are \$.10 per page; make checks payable to **Policy Research Associates, Inc.** If you have difficulty locating any of the materials listed in this bibliography, please contact the Resource Center at the phone number or e-mail address below.*

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Order #: 2215

Authors: Adelman, S.A., Fletcher, K.E., Bahnassi, A.

Title: **Pharmacotherapeutic Management Strategies for Mentally Ill Substance Abusers.**

Source: Journal of Substance Abuse Treatment 10: 353-358, 1993. (Journal Article: 6 pages)

Abstract: This study examines psychiatrists' strategies for managing the pharmacotherapy and treatment of dually diagnosed individuals. A series of standardized clinical vignettes, each with five multiple-choice treatment interventions, was constructed. The vignettes, based on clinical experience, depict difficult dilemmas involving the use of medication in the treatment of a variety of dually diagnosed patients. The authors surveyed a heterogeneous reference group of 112 psychiatrists. The treatment interventions chosen by the reference group are described in detail. The results indicate that most clinicians favor an integrated treatment approach which attempts to address both diagnoses (authors).

Order #: 12354

Authors: Alexander, M., Haugland, G.

Title: **Integrating Services for Co-occurring Disorders.**

Source: Orangeburg, NY: Nathan S. Kline Institute for Psychiatric Research, 2000. (Report: 138 pages)

Abstract: This report provides the research and data context that supports integrating services, documents the barriers experienced in New York State, and describes strategies that have met with some success in integrating services. Topics discussed in this report include identification and assessment of co-occurring disorders, assertive community treatment, the forensic system, housing, peer driven models of dual recovery, and staff training. Sample forms for each county are also included as appendices (authors).

Available From: Nathan S. Kline Institute for Psychiatric Research, 140 Old Orangeburg Road, Orangeburg, NY 10962, (845) 398-6584, www.rfmh.org.

Order #: 13504

Authors: American Association of Community Psychiatrists.

Title: **Continuity of Care Guidelines for Addictions and Co-Occurring Disorders.**

Source: Dallas, TX: American Association of Community Psychiatrists, 2001. (Guidelines: 5 pages)

Abstract: This document presents general principles for developing transition plans for persons with addictions who are in treatment and are moving from one level of care to another. The authors assert that these guidelines can offer a framework for thinking about planning in a methodical and comprehensive way, and that they may provide a template for standard development regarding transitions in specific circumstances throughout the drug and alcohol service system (authors).

Available From: American Association of Community Psychiatrists, P.O. Box 570218, Dallas, TX 75228, (972) 613-0985, www.comm.psych.pitt.edu/finds/AddictionCOCGuidelines.pdf.

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Order #: 13155

Authors: Ashenberg Straussner, S.L., Brown, S.

Title: **The Handbook of Addiction Treatment for Women: Theory and Practice.**

Source: Indianapolis, IN: Jossey-Bass, 2002. (Book: 620 pages)

Abstract: This comprehensive resource offers an overview of the history of women and addiction, explores the unique challenges the female addict poses, and provides specific guidelines for diagnosing and treating an individual female addict. The contributors to this volume analyze the underlying psychological issues, traumas, and abuse that contribute to addictive behavior, and examine the repercussions women experience when they become addicted or cross addicted to drugs, alcohol, sex, food, relationships, shopping, gambling, smoking, or spending. They consider the complex factors that can influence a woman's behavior, including age, race, culture, and psychological issues, and explore how individual women experience addiction differently, whether they are lesbian, homeless, incarcerated, or dually diagnosed.

Available From: John Wiley and Sons, 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2974, www.wiley.com/WileyCDA/WileyTitle/productCd-0787953555.html, (ISBN: 0-7879-5355-5, COST: \$80.00).

Order #: 12729

Authors: Bachman, S.S., Duckworth, K.

Title: **Consensus Building for the Development of Service Infrastructure for People with Dual Diagnosis.**

Source: Administration and Policy in Mental Health 30(3): 255-266, 2003. (Journal Article: 12 pages)

Abstract: This article discusses the development of a statewide infrastructure, by Massachusetts state agencies with support from the federal government, to address some of the issues involved with providing treatment interventions to individuals with co-existing mental health and substance abuse diagnoses. This new initiative was based on the Comprehensive, Continuous and Integrated System of Care (CCISC) model. The CCISC focuses on all adults with co-occurring psychiatric and substance abuse disorders. In this project, the conceptual framework was adapted specifically for adults with serious and persistent mental illness. Key stakeholders developed the Community Consensus Building Collaborative (CCBC) as a regional and statewide infrastructure to promote consensus building around the fundamentals of the CCISC. This report provides results of an evaluation of the consensus-building process. The evaluation is based on a qualitative analysis of data about statewide and regional efforts to develop and implement components of the CCISC. The goal of the evaluation was to identify factors that contributed to the success or failure of the project's implementation (authors).

Order #: 2933

Authors: Bartels, S.J., Drake, R.E., Wallach, M.A.

Title: **Long-Term Course of Substance Use Disorders Among Patients With Severe Mental Illness.**

Source: Psychiatric Services 46(3): 248-251, 1995. (Journal Article: 4 pages)

Abstract: This study assessed the long-term course of substance abuse and dependence among patients who have mental illnesses. A prospective, seven-year follow-up of outpatients who had serious mental illnesses (most with schizophrenia and schizoaffective disorder) successfully located and reassessed 79% of the patients from the original study group. The follow-up study group was assessed for alcohol and drug use at baseline and seven-year follow-up. The prevalence of active substance use disorder changed little from baseline to follow-up. However, those with initial alcohol abuse had a higher rate of remission than those with initial alcohol dependence. The higher rates of change for those with initial substance abuse compared with substance dependence suggest that distinguishing between abuse and dependence may have important implications for assessment and prognosis of individuals with a dual diagnosis of a substance use disorder and serious mental illness (authors).

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Order #: 3036

Authors: Bassuk, E.L.

Title: **Community Care for Homeless Clients with Mental Illness, Substance Abuse, or Dual Diagnosis.**

Source: Newton, MA: The Better Homes Fund, 1994. (Video/Manual: 225 pages)

Abstract: Many homeless individuals who use shelter facilities have serious mental illnesses and/or substance use disorders. Shelter staff though, are not always equipped to serve them. The purpose of this manual and companion video is to equip shelter staff with the conceptual and practical tools they need to ensure high quality care to this population. The manual and video approach this objective by providing information about the characteristics and needs of this subgroup and the resource available to meet these needs; discussing the skills necessary to establish a helping relationship, to identify and manage crises, and to meet longer-term needs through ongoing assessment and referral; and using the knowledge and skills to design specialized services, such as outreach, and to modify existing policies and procedures in order to serve this population (author).

Order #: 7779

Authors: Bebout, R.R.

Title: **Housing Solutions: The Community Connections Housing Program: Preventing Homelessness By Integrating Housing and Supports.**

Source: Alcohol Treatment Quarterly 17(1/2): 93-112, 1999. (Journal Article: 20 pages)

Abstract: This article describes the key features of a comprehensive housing program serving formerly homeless and at-risk adults with serious and persistent mental illness. The program combines intensive case management, integrated dual diagnosis treatment, and other clinical services with a range of housing options which are operated under the auspices of a single agency. For individuals with co-occurring substance use disorder, housing responses are guided by a four stage model of treatment and recovery. The authors offer a rationale for the continuum approach's relevance for high risk populations, especially those in poor urban settings where safety and harm reduction are a high priority (authors).

Order #: 6887

Authors: Bebout, R.R., Drake, R.E., Xie, H., McHugo, G.J., Harris, M.

Title: **Housing Status Among Formerly Homeless Dually Diagnosed Adults.**

Source: Psychiatric Services 48(7): 936-941, 1997. (Journal Article: 6 pages)

Abstract: This article describes a study that examined residential outcomes of homeless adults with severe mental illness and a substance use disorder over an 18 month period during which participants received integrated dual-diagnosis services and housing supports based on a continuum model. The authors used data from 122 participant interviews conducted at baseline, and at six, 12, and 18 month follow-ups that assessed housing status, residential history, substance abuse and progress toward recovery, psychiatric symptoms, and quality of life. Results indicated that 52% of participants achieved stable housing, and that most who did first entered staffed and supervised housing and then moved to independent arrangements by the end of the study. Stable housing was found to be associated with lower substance use, greater progress toward recovery, and high quality of life. The authors concluded that housing stability is strongly mediated by substance abuse and progress toward recovery, but that when provided with integrated dual-diagnosis treatment, formerly homeless persons with dual-diagnosis can gradually achieve stable housing.

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Order #: 2786

Authors: Berman, M.H.

Title: **Working Effectively With MICA Clients in Community Residences: A Resource Guide and Manual for Users of the MICA/CR Training Video.**

Source: Melrose Park, PA: Mental Illness Chemical Abuse Research & Education, 1994. (Resource Guide: 93 pages)

Abstract: This manual supplements a video training tape on working with mentally ill chemical abusers. Together, these training materials can be used to orient new staff and/or as a supplement to ongoing clinical and managerial supervision, staff training and development. Areas covered include: psychosocial assessment, substance abuse assessment, working effectively with MICA clients and numerous case studies.

Order #: 12695

Authors: Biegel, D., Kola, L., Ronis, R., Boyle, P., Delos-Reyes, C., Wieder, B., Kubeck, P.

Title: **The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence: Implementation Support for Evidence-Based Practice.**

Source: Research on Social Work Practice 13(4): 531-545, 2003. (Journal Article: 14 pages)

Abstract: This article describes the establishment and function of the Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence. This center serves as a resource for programs providing care for individuals with co-occurring mental illness and substance abuse problems, through the provision of training and technical assistance, and of research related to evidence-based treatment models. The center is a partnership between the School of Applied Social Sciences and the School of Medicine at Case Western Reserve University, and is funded by the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services (authors).

Order #: 770

Authors: Blankertz, L., White, K.

Title: **Implementation of a Rehabilitation Program for Dually Diagnosed Homeless.**

Source: Alcoholism Treatment Quarterly 7(1): 149-163, 1990. (Journal Article: 15 pages)

Abstract: This article describes an NIAAA-funded services demonstration project for dually diagnosed homeless persons in Philadelphia. The major goal of the project is to provide comprehensive services which focus on the reduction/elimination of alcohol and other drug abuse, the improvement of mental health functioning, and the provision of opportunities for client acquisition of the skills and supports necessary to develop economic and social self-sufficiency. Many of these services are carried out using the philosophy and techniques of psychosocial rehabilitation. The authors describe the target population, program elements, and the evaluation component of the project.

Order #: 1765

Authors: Blankertz, L.E., Cnaan, R.A.

Title: **Principles of Care for Dually Diagnosed Homeless Persons: Findings from a Demonstration Project.**

Source: Research on Social Work Practice 24(4): 448-464, 1992. (Journal Article: 17 pages)

Abstract: This article describes the development of an urban demonstration program for dually diagnosed homeless persons and describes the characteristics of the homeless client. Monthly monitoring indicated that the original low-demand residential services alone were not productive toward rehabilitation. Consequently, key modifications were added to the program that resulted in seven principles of care. Findings from the data analysis indicate that the revised program design effectively decreased negative client behaviors and increased active participation in rehabilitation activities (authors).

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Order #: 11666

Authors: Blankertz, L.E., Cnaan, R.A.

Title: **Assessing the Impact of Two Residential Programs for Dually Diagnosed Homeless Individuals.**

Source: Social Service Review 68(4): 536-560, 1994. (Journal Article: 25 pages)

Abstract: In this article, the authors evaluate two residential programs for dually diagnosed homeless individuals in Philadelphia and were compared in a quasi-experimental field study. Findings indicated that the experimental model, a hybrid psychosocial and drug rehabilitation program, did significantly better in maintaining clients in care and in successful rehabilitation than did the comparison model, a modified therapeutic community program. However, the overall rate of success in both programs was modest. The authors used Emile Durkheim's concepts of organic and mechanical solidarity to be useful in comparing the structure of the two programs. Because of the small number of clients treated by these programs and the unique characteristics of this urban population, findings are not conclusive but clarify direction for further practice and study (authors).

Order #: 2158

Authors: Blankertz, L.E., Cnaan, R.A.

Title: **Serving the Dually Diagnosed Homeless: Program Development and Interventions.**

Source: Journal of Mental Health Administration 20(2): 100-112, 1993. (Journal Article: 13 pages)

Abstract: In this paper the authors present characteristics of persons with dual diagnosis of severe mental illness and substance abuse and describe a hybridized program and interventions which have been empirically shown to be effective in working with these multiply impaired individuals. The article is based upon a three-year demonstration project funded by the National Institute of Alcoholism and Alcohol Abuse. The following interventions were found to be effective: engagement, care and nurturing, structure, limit setting and the development of responsibility, positive reinforcement, and self esteem. The authors describe these interventions and highlight their impact in both staff management and working with funding sources (authors).

Order #: 2240

Authors: Blankertz, L.E., Cnaan, R.A., Freedman, E.

Title: **Childhood Risk Factors in Dually Diagnosed Homeless Adults.**

Source: Social Work 38(5): 587-596, 1993. (Journal Article: 10 pages)

Abstract: Although the negative long-term effects of specific childhood risk factors including sexual and physical abuse, parental mental illness and substance abuse, and out-of-home placement have been recognized, most studies have focused on just one of these risks. This article examines the prevalence of these five childhood risk factors among dually diagnosed homeless adults in rehabilitation programs. The authors also assess the impact of each risk factor on the social functioning skills and rehabilitation progress of these subjects (authors)

Order #: 941

Authors: Blankertz, L.E., Cnaan, R.A., White, K., Fox, J., Messinger, K.

Title: **Outreach Efforts with Dually Diagnosed Homeless Persons.**

Source: Families in Society: The Journal of Contemporary Human Services: 387-396, 1990. (Journal Article: 10 pages)

Abstract: This article uses the symbolic-interaction approach as a framework to explain and guide encounters of outreach workers with dually-diagnosed homeless persons. Case examples are presented and practice recommendations are discussed (authors).

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Order #: 7121

Authors: Block, A.J., Gabriel, R.M.

Title: **Descriptive Manual of Mental Health Services West's Dual Diagnosis Program.**

Source: Portland, OR: RMC Research Corporation, 1994. (Manual: 64 pages)

Abstract: Mental Health Services West is a private, non-profit mental health agency that offers a wide range of treatment and rehabilitation services in the urban core of Portland, OR. It is the primary mental health provider in the city for people who are homeless and who have mental illnesses and a leader in the provision of services to individuals with co-existing psychiatric and substance abuse diagnoses. In September 1992, a full-day dual diagnosis program was established that employs an integrated treatment model of services. The four features that characterize the program include: availability of a wide range of services; flexible use of program components to meet individual needs; integration of relapse prevention into the program as an educational tool; and intensive monitoring of clients by dual diagnosis staff. This manual provides an overview of the conceptual framework for the program, discusses the setting and history of the intervention, lessons learned, and recommendations for improvement of the model.

Order #: 6909

Authors: Bradizza, C.M., Stasiewicz, P.R.

Title: **Integrating Substance Abuse Treatment for the Seriously Mentally Ill into Psychiatric Treatment.**

Source: Journal of Substance Abuse Treatment 14(2): 103-111, 1997. (Journal Article: 9 pages)

Abstract: This article offers guidelines for the assessment and treatment of substance abuse problems in seriously mentally ill persons who are admitted into inpatient psychiatric treatment. This approach, which has been used successfully by the authors, involves identifying potential substance abusers, conducting an assessment regarding consumption, negative consequences and high risk situations involved with substance abuse, and presenting feedback in a non-coercive manner. Treatment consists of a structured coping skills group that covers both general social skills and specific drug and alcohol coping skills to assist in coping with high-risk situations. The content of each group sessions is described along with guidelines for conducting coping skills group treatment (authors).

Order #: 6209

Authors: Brady, S., Hiam, C.M., Saemann, R., Humbert, L., Flemming, M.Z., Dawkins-Brickhouse, K.

Title: **Dual Diagnosis: A Treatment Model for Substance Abuse and Major Mental Illness.**

Source: Community Mental Health Journal 32(6): 573-578, 1996. (Journal Article: 6 pages)

Abstract: The authors explain that treatment of "dual diagnosis," co-occurring substance abuse and mental illness, calls for addressing two serious and often confounding problems. The potential utility of a transtheoretical treatment model is presented through the authors' experiences in working with inner-city individuals who have serious mental illness and substance abuse problems. Practical guidelines for dual diagnosis group therapy are discussed.

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Order #: 3037

Authors: Braunns, J., Broadwell, S., Davis, L., Dunk, L., Fifer, R., Grossman, C., Katich, M., Obregon, R., Olinger, S., Ruggles, J., Rizzo, J., Simmons, N.

Title: **The Crisis of Homelessness in Populations with Severe Mental Illness and Substance Abuse.**

Source: Tampa, FL: University of South Florida, 1995. (Report: 59 pages)

Abstract: Past successes and failures of local, state and federal responses to homelessness provide a valuable resource that can inform legislative initiatives and policy recommendations. Based on a review of federal demonstration projects as well as pertinent literature, this report identifies areas for legislative action and policy change that would improve the service delivery system which, thus far has proven to be fragmented and largely ineffectual. The authors recommend that homeless individuals with co-occurring mental health and substance use disorders be offered a full range of integrated services which include basic needs and combined treatment for mental health and substance abuse problems, as well as a variety of flexible housing options to accommodate individual needs (authors).

Order #: 6959

Authors: Brems, C., Johnson, M.E.

Title: **Clinical Implications of the Co-Occurrence of Substance Use and Other Psychiatric Disorders.**

Source: Professional Psychology 28(5): 437-447, 1997. (Journal Article: 11 pages)

Abstract: This article discusses the great frequency of and special needs presented by the co-occurrence of substance use and psychiatric disorders. The authors suggest that such co-occurrence may call for special assessment and evaluation procedures, modified treatment plans, and specialized follow-up. The authors discuss in detail the need for cross-disciplinary collaboration; greater integration of substance use, mental health, and social services treatment approaches; and modifications in the training of care providers.

Order #: 6688

Authors: Brickner, M.G.

Title: **Taking the 'Lapse' Out of Relapse: Psychosocial Stage-Specific Treatment for Dual Disorders.**

Source: Saukville, WI: The STEMSS Institute & Bricker Clinic, 1992. (Presentation: 20 pages)

Abstract: The author explains the problem of relapse as the central challenge of sustained recovery from chemical dependency or mental illness. It is of even more critical importance in the treatment of the dually recovering person struggling with both substance abuse and a serious mental illness. The author examines clinical and affective approaches to relapse prevention, including the concept of the "core emotion" and the "fatal flaw." Clinical implications are offered.

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Order #: 12701

Authors: Brooks, A., Penn, P.

Title: Comparing Treatments for Dual Diagnosis: Twelve-Step and Self-Management and Recovery Training.

Source: American Journal of Drug and Alcohol Abuse 29(2): 359-383, 2003. (Journal Article: 24 pages)

Abstract: This study was compared the effectiveness of twelve-step and cognitive-behavioral (Self-Management and Recovery Training [SMART]) approaches for persons with a dual diagnosis of serious mental illness and substance use disorder in an intensive outpatient/partial hospitalization setting. Participants were alternately assigned to two treatment conditions, with fifty participants completing the six month treatment program. Assessments occurred at baseline, three months, and six months during treatment, and at three and twelve month follow-ups. Analyses were conducted on participants who had completed three months of treatment. According to the authors, the twelve step intervention was more effective in decreasing alcohol use and increasing social interactions, and a worsening of medical problems, health status, employment status, and psychiatric hospitalization were associated with the twelve-step intervention. SMART was more effective in improving health and employment status, but marijuana use was greater for SMART participants. Improvements in alcohol use and life satisfaction occurred in both approaches (authors).

Order #: 12909

Authors: Brunette, M., Noordsy, D., Xie, H., Drake, R.

Title: Benzodiazepine Use and Abuse Among Patients With Severe Mental Illness and Co-Occurring Substance Use Disorders.

Source: Psychiatric Services 54(10): 1395-1401, 2003. (Journal Article: 7 pages)

Abstract: In this article, the authors examined benzodiazepine use and associated psychiatric, substance abuse, and institutional outcomes in a six-year longitudinal study of patients with co-occurring disorders. At baseline and yearly follow-up for six years, 203 patients with co-occurring severe mental illness and substance use disorder were prospectively assessed for medication use, substance use, psychiatric symptoms, use of hospitalization, and quality of life. Almost one-half of the patients (43 percent) reported taking prescribed benzodiazepines at the time of at least one assessment. Patients taking prescribed benzodiazepines were more likely to have high scores on measures of overall symptoms and affective symptoms (anxiety and depression) and low ratings for general quality of life throughout the study. Benzodiazepine use was unrelated to remission of substance use disorder or hospitalization, but a greater proportion of patients who were prescribed benzodiazepines developed benzodiazepine abuse, compared with those who were not prescribed benzodiazepines (15 percent compared with 6 percent). Prescription benzodiazepine use was common among patients with co-occurring severe mental illness and a substance use disorder and was not associated with any of the measured outcomes other than increasing the likelihood of benzodiazepine abuse. Physicians should consider other treatments for anxiety in this population (authors).

Order #: 3229

Authors: Carey, K.B.

Title: Treatment of Substance Use Disorders and Schizophrenia.

Source: In Lehman, A.F., Dixon, L.B., (eds.), Double Jeopardy: Chronic Mental Illness and Substance Use Disorders. Langhorne, PA: Harwood Academic Publishers, Gordon and Breach Publishing Group, 85-108, 1995. (Book Chapter: 24 pages)

Abstract: This chapter provides a guide to the treatment of substance abuse among persons with schizophrenia. According to the author, the majority of treatment options for these disorders take place on an outpatient basis which limits the degree of control exercised by clinicians. As such, this chapter takes an outpatient treatment planning perspective, with references to integrating inpatients and outpatients services (author).

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Order #: 7035

Authors: Carey, K.B.

Title: Treatment of Co-Occurring Substance Abuse and Major Mental Illness.

Source: New Directions for Mental Health Services 70: 19-31, 1996. (Journal Article: 13 pages)

Abstract: This article proposes a model for the treatment of co-occurring substance abuse and major mental disorders that integrates empirically grounded strategies applicable to substance abuse problems into the context of outpatient mental health treatment. The model is organized around five therapeutic steps that can serve as guidelines for treatment planning. The model is also based on several underlying assumptions. First, the model assumes an outpatient mental health context in which clients have contact with a primary therapist or case manager. It also attempts to integrate substance abuse interventions and ongoing psychiatric treatment, and requires a combination of pharmacological treatment, psychosocial treatments, and supportive services. The final assumption of the model consists of adopting a longitudinal approach to treatment.

Order #: 10665

Authors: Carey, K.B., Purnine, D.M., Maisto, S.A., Carey, M.P., Simons, J.S.

Title: Treating Substance Abuse in the Context of Severe and Persistent Mental Illness: Clinician's Perspectives.

Source: Journal of Substance Abuse Treatment 19: 189-198, 2000. (Journal Article: 9 pages)

Abstract: In this article the authors report on four focus groups that were conducted with clinicians who were nominated by their peers as experienced and/or expert in treating persons with comorbid substance use and psychiatric disorders. Discussion followed a four-part outline that included general questions about training and experience with the population, preferred treatment methods, motivational issues, and recommendations to the field. Their treatment approaches emphasized psychoeducation, a good therapeutic relationship, and the need to be flexible regarding methods and goals. Abstinence was the preferred goal among most clinicians; even so, they expressed a pragmatic flexibility and other views consistent with principles of harm reduction (authors).

Order #: 9907

Authors: Center for Mental Health Services and Center for Substance Abuse Treatment.

Title: Insights and Inroads: Project Highlights of the CMHS and CSAT Collaborative Demonstration Program for Homeless Individuals.

Source: Washington, DC: Center for Mental Health Services and Center for Substance Abuse Treatment, 2000. (Report: 243 pages)

Abstract: This program was designed to identify, evaluate, and disseminate information on successful approaches for addressing the treatment and service needs of people who are homeless with both serious mental illness and alcohol or other drug disorders. The results of the Demonstration Program are reported in a Compendium of documents that includes two report volumes and six individual project documents that contain site specific program manuals and evaluation results. Volume I of the Compendium describes the interventions and client populations of the six projects that participated in both phases of the program. Volume II of the Compendium presents highlights of the process, outcome, and cross-site evaluations (authors). A CD-Rom is included.

Available From: National Resource Center on Homelessness and Mental Illness, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

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Order #: 3815

Authors: Center for Mental Health Services and Center for Substance Abuse Treatment.

Title: **CMHS/CSAT Dual Diagnosis Demonstration Grant Annotated Bibliography.**

Source: Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, 1996. (Bibliography: 15 pages)

Abstract: This annotated bibliography concerning co-occurring mental health and substance use disorders was produced by the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT). It contains approximately 56 journal articles, reports, books, papers, and manuals. Each citation includes a brief abstract.

Order #: 13432

Authors: Center for Mental Health Services and Center for Substance Abuse Treatment.

Title: **CMHS/CSAT Collaborative Program to Prevent Homelessness.**

Source: Delmar, NY: National Resource Center on Homelessness and Mental Illness, 2002. (Issue Brief: 5 pages)

Abstract: This issue brief provides an overview of findings from this collaborative program. Risk factors, prevalence of co-occurring disorders, homeless prevention and reduction are discussed. The authors also provide highlights of the study organization, cross-site evaluation and findings, and site-specific findings (authors).

Available From: National Resource Center on Homelessness and Mental Illness, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov/pdfs/prevention.pdf

Order #: 12992

Authors: Center for Substance Abuse Treatment.

Title: **Join the Voices of Recovery: Celebrating Health. When Addiction and Mental Disorders Co-Occur.**

Source: Rockville, MD: Center for Substance Abuse Treatment, 2003. (Webcast: 60 minutes)

Abstract: Hosted by Ivette Torres, the Associate Director for Consumer Affairs of the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), this webcast features discussions with panelists regarding drug and alcohol dependence, and mental disorders. Alone, each is a disease that wreaks havoc on the lives of millions in this country, and both require intensive treatment. When afflicted with these diseases simultaneously, the result can be even more debilitating for an individual. This webcast examines the issues and promising practices associated with treating individuals with co-occurring and coexisting disorders (authors).

Available From: National Alcohol and Drug Addiction Recovery Month, c/o Center for Substance Abuse Treatment, 1 Choke Cherry Road, Rockville, MD 20857, www.recoverymonth.gov/2003/multimedia.

Order #: 3016

Authors: Center for Substance Abuse Treatment.

Title: **TIP 9: Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse.**

Source: Rockville, MD: U.S. Department of Health and Human Services, 1994. (Report: 114 pages)

Abstract: The purpose of this report is to facilitate the transfer of state-of-the-art protocols and guidelines for the treatment of alcohol and other drug (AOD) abuse from acknowledged clinical, research, and administrative experts to the mental health and substance abuse field. This report provides information about the treatment of patients with dual disorders, including the treatment of AOD patients with mood and anxiety disorders, personality disorders, and psychotic disorders. It also provides pragmatic information about systems and linkage issues relative to the AOD and mental health treatment systems (author).

Available From: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852, (800) 729-6686, www.health.org/govpubs/bkd134.

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Order #: 2642

Authors: Chappel, J.N.

Title: Training of Residents and Medical Students in the Diagnosis and Treatment of Dual Diagnosis Patients.

Source: Journal of Psychoactive Drugs 25(4): 293-300, 1993. (Journal Article: 8 pages)

Abstract: Treatment of patients with co-occurring serious mental health and substance use disorders requires simultaneous treatment of the addictive and the mental disorders. Available data suggest that this does not happen often. In a survey of several psychiatric services, the unit chiefs reported that dual diagnoses were underreported, no plans were present for combined treatment, families were infrequently involved, and few referrals were made for combined treatment. According to the author, there is a need for competent, experienced clinicians to train psychiatry residents and medical students in the treatment of dual disorders. The training of addiction and mental health professionals must include cooperation, understanding, and respect for each other. Some examples of training with regard to referrals, prescribing, and psychotherapy are presented (author).

Order #: 7780

Authors: Clark, C., Teague, G.B., Henry, R.M.

Title: Preventing Homelessness in Florida.

Source: Alcohol Treatment Quarterly 17(1/2): 73-91, 1999. (Journal Article: 19 pages)

Abstract: This article describes the essential elements of a housing intervention designed to serve people who are homeless or risk becoming homeless, have severe mental illness, and may have a substance use disorder. Characteristics of the target population, the community and the service system are examined, and how this program serves to address the issues. The effectiveness of this intervention appears to be the result of the organizational structure. The organizational structure and climate provide: integrated services under one "umbrella"; flexible, responsive service delivery; and a treatment philosophy which builds on the strengths of residents through effective staff-resident relationships (authors).

Order #: 8106

Authors: Clark, R.E., Ricketts, S.K., McHugo, G.J.

Title: Legal System Involvement and Costs for Persons in Treatment for Severe Mental Illness and Substance Use Disorders.

Source: Psychiatric Services 50(5): 641-647, 1999. (Journal Article: 7 pages)

Abstract: Persons with co-occurring severe mental illness and substance use disorders were followed for three years to better understand how they are involved with the legal system and to identify factors associated with different kinds of involvement. Data came from a three-year study of 203 persons enrolled in specialized treatment for dual disorders. Cost and utilization data were collected from multiple data sources, including police, sheriffs and deputies, officers of the court, public defenders, prosecutors, private attorneys, local and county jails, state prisons, and paid legal guardians. Over three years, 169 participants (83%) had contact with the legal system, and 90 (44%) were arrested at least once. Participants were four times as likely to have encounters with the legal system that did not result in arrest than they were to be arrested. Mean costs per person associated with an arrest were \$2,295, and mean costs associated with a nonarrest encounter were \$385. Combined three-year costs averaged \$2,680 per person. Continued substance use and unstable housing were associated with a greater likelihood of arrest. Poor treatment engagement was associated with multiple arrests. The authors conclude that effective treatment of substance use among persons with mental illnesses appears to reduce arrests and incarcerations but not the frequency of non-arrest encounters. Stable housing may also reduce the likelihood and number of arrests (authors).

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Order #: 7048

Authors: Clark, W.

Title: **Transitions Within the Continuum of Care: Effective Referrals for Homeless with Co-Occurring Mental Illness and Substance Abuse Disorders: The San Francisco Model.**

Source: San Francisco, CA: City and County of San Francisco, Department of Public Health, Division of Mental Health and Substance Abuse Services, undated. (Manual: 50 pages)

Abstract: This manual focuses on a referral intervention for homeless persons with co-occurring substance abuse and mental health disorders that ensures that clients move to the next stage of treatment within the continuum of care. The manual provides an overview of the conceptual framework and logic model, a description of the history and setting of the intervention in San Francisco, and a description of the referral intervention and participating treatment programs. Also included are program descriptions, referral approaches, and case studies on three of the referring treatment programs. Appendices include sample intake and assessment forms, policy and procedures for referrals, and a listing of programs in the San Francisco Continuum of Care.

Order #: 2335

Authors: Cohen J., Levy, S.J.

Title: **The Mentally Ill Chemical Abuser.**

Source: New York, NY: Lexington Books, 1992. (Book: 230 pages)

Abstract: This book attempts to close the gaps between the three related fields of drug abuse, mental health and alcoholism by providing a critical analysis of the relationship between mental illness and substance abuse. Its objective is to assist practitioners in understanding the complexities that interfere with progressive treatment of the mentally ill chemical abuser (MICA) client. The authors examine assessment issues and treatment planning problems that arise out of inaccurate assessment. A brief history of the mental health, drug abuse and alcoholism fields is presented, in addition to a review of the various treatment models for the MICA client. The authors contend that a holistic, comprehensive and integrated treatment program is essential for progressive therapy of the MICA client (authors).

Order #: 9183

Authors: Conrad, K.J., Matters, M.D., Hanrahan, P., Luchins, D.J.

Title: **Homelessness Prevention in Treatment of Substance Abuse and Mental Illness: Logic Models and Implementation of Eight American Projects.**

Source: Alcohol Treatment Quarterly 17(1/2): 1999. (Journal Article: 4 pages)

Abstract: In 1996 the Substance Abuse and Mental Health Services Administration (SAMHSA) funded eight, three-year knowledge development projects designed to prevent homelessness in high risk populations with problems of alcoholism, drug abuse, and/or mental illness. The projects selected are state-of-the-art representations of four types of homelessness prevention: supportive housing; residential treatment; family support and respite; and representative payee and money management. This issue presents articles that provide an overview of the SAMHSA program and descriptions of the eight projects.

Co-Occurring Disorders

Order #: 7038

Authors: Cuffel, B.J.

Title: **Comorbid Substance Use Disorder: Prevalence, Patterns of Use, and Course.**

Source: New Directions for Mental Health Services 70: 93-105, 1997. (Journal Article: 13 pages)

Abstract: This article reviews research on the prevalence, patterns, and course of substance use disorders in severe mental illness in order to provide an understanding of the implications that comorbidity has for the design of clinical services and for the direction of future research in the field. Review of the literature found that the highest rates of alcohol and other substance use disorders occur in persons with schizophrenia and bipolar disorder. Implications of current prevalence findings, and patterns and course of substance use disorders in severe mental illness is explored in detail. The author suggests that future research will focus more on the most effective treatments, and prevention and intervention strategies.

Order #: 8491

Authors: Daley, D.C., Zuckoff, A.

Title: **Improving Treatment Compliance: Counseling and Systems Strategies for Substance Abuse and Dual Disorders.**

Source: Center City, MN: Hazelden Information and Educational Services, 1999. (Book: 241 pages)

Abstract: This book is designed to help clinicians and treatment agencies better understand and address the problem of poor compliance among clients who have substance abuse disorders, including those with dual disorders. Topics include: the continuum of compliance; effects of poor compliance on others; multiple factors contributing to compliance problems; extensive clinical experience and an exhaustive review of the literature on compliance-related issues; and counseling and systems strategies to improve compliance. The authors give attention to what intervention counselors can use to motivate clients, from the initial phone call through aftercare counseling.

Available From: Hazelden Information & Educational Services, P. O. Box 11, CO3, Center City, MN, 55012-0176; (800) 328-0094, www.hazelden.org (COST: \$19.95).

Order #: 6855

Authors: DeLeon, G.

Title: **Modified Therapeutic Communities for Dual Disorders**

Source: In Solomon, J., Zimberg, S., Shollar, E., (eds.), Dual Diagnosis: Evaluation, Treatment, Training, and Program Development. New York, NY: Plenum Press, 147-170, 1993. (Book Chapter: 24 pages)

Abstract: This chapter outlines the elements of the Therapeutic Community model modified for treating those who are dually diagnosed with both an AXIS I psychiatric disorder and an Axis I substance abuse disorder. Following an overview of the background of the TC in psychiatry and substance abuse, Section 1 summarizes the perspective and approach of the standard TC and reviews relevant research findings related to the efficacy for the treatment of such disorders. Section 2 presents the modified TC model for the dually diagnosed in terms of current variants, client profiles, and the program elements. Clinical management is discussed in Section 3, and policy issues related to the implementation of this model in mental health settings is also discussed (author).

Co-Occurring Disorders

Order #: 8371

Authors: DeLeon, G., Sacks, S., Staines, G., McKendrick, K.

Title: **Modified Therapeutic Community for Homeless Mentally Ill Chemical Abusers: Emerging Subtypes.**

Source: American Journal of Drug and Alcohol Abuse 25(3): 495-515, 1999. (Journal Article: 21 pages)

Abstract: This article is one of a series reporting on a clinical field trial evaluating the efficacy of the modified therapeutic community (TC) approach for the treatment of homeless mentally ill chemical abusers (MICAs). The purpose of this article is to categorize the subtypes of homeless MICA clients to predict with greater accuracy their treatability in modified TCs. An index that consistently correlated with treatment-relevant variables was identified for each of three dimensions: homelessness, mental illness, and substance abuse. These indices yielded distributions that captured the variability in the sample with respect to a number of variables, including drug use, criminality, HIV risk (sexual behavior), psychological status, and motivation. Analyses showed that the indices were not strongly related to demographic variables such as race/ethnicity, age, or gender, but were significantly associated with baseline drug use, criminal activity, HIV risk (sexual behavior), psychological symptoms, and motivation and readiness. These findings indicate that homeless MICA clients are not homogeneous; rather, subgroup differences emerge among the indices of homelessness, mental illness, and substance abuse (authors).

Order #: 8756

Authors: DeLeon, G., Sacks, S., Staines, G., McKendrick, K.

Title: **Modified Therapeutic Community for Homeless Mentally Ill Chemical Abusers: Treatment Outcomes.**

Source: American Journal of Drug and Alcohol Abuse 26(3): 461-480, 2000. (Journal Article: 20 pages)

Abstract: This article compares homeless mentally ill chemical abuser (MICA) clients, male and female, sequentially assigned to either of two modified therapeutic community programs (TC-1 and TC-2) and to a treatment as usual (TAU) control group. Follow-up interviews were obtained at 12 months post-baseline and at time F (on average more than two years post-baseline). Outcome measures assessed five domains: drug use, crime, HIV risk behavior, psychological symptoms, and employment. Individuals in both modified TC groups showed significantly greater behavioral improvement than TAU at 12 months and time F, and the modified TC-2, with lower demands and staff guidance, was superior to modified TC-1. Completers of both TC programs showed significantly greater improvement than dropouts and a subgroup of TAU clients with high exposure (i.e., more than eight months) to other treatment protocols. The present findings support the effectiveness and longer term stability of effects of a modified TC program for treating homeless MICA clients (authors).

Order #: 1986

Authors: Detrick, A., Stieppock, V.

Title: **Treating Persons with Mental Illness, Substance Abuse, and Legal Problems: The Rhode Island Experience.**

Source: In Stein, L.I. (ed.), Innovative Community Mental Health Programs. New Directions For Mental Health Services 56: 65-77. Indianapolis, IN: Jossey-Bass, Inc., 1992. (Book Chapter: 13 pages)

Abstract: The authors review the service delivery values and skills developed by a demonstration program in northern Rhode Island that used mobile treatment teams (MTT) based on the Training in Community Living model developed by Stein and Test. The Rhode Island MTT serves young adults whose psychiatric, substance abuse, and legal difficulties have resulted in repeated involuntary state hospital and medical detoxification admissions, frequent periods of homelessness, recurring contacts with the police, and ongoing poverty. The MTT provides outreach via telephone and home visits, crisis intervention, and intensive case management in the form of daily contacts with clients in their homes or other community settings (authors).

Available From: Jossey-Bass Inc., 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2974, www.josseybass.com.

Co-Occurring Disorders

Order #: 773

Authors: Dexter, R.

Title: **Treating Homeless and Mentally Ill Substance Abusers in Alaska.**

Source: Alcoholism Treatment Quarterly 7(1): 25-30, 1990. (Journal Article: 6 pages)

Abstract: This article describes one of nine National Institute on Alcohol Abuse and Alcoholism (NIAAA) Homeless Demonstration Projects. The project, designed to serve homeless substance abusers and dually diagnosed clients in Anchorage, AK, has added mental health expertise and a walk-in counseling and sobering service to a pre-existing comprehensive substance abuse treatment program, Clitheroe Center. The author highlights the difficulty of situating the counseling and sobering service due to local business opposition. The project's approach to the assessment of program effectiveness is briefly discussed.

Order #: 5708

Authors: Dickey, B., Azeni, H.

Title: **Persons with Dual Diagnoses of Substance Abuse and Major Mental Illness: Their Excess Costs of Psychiatric Care.**

Source: American Journal of Public Health 86(7): 973-977, 1996. (Journal Article: 5 pages)

Abstract: The authors describe a study that examined the costs of psychiatric treatment for people who have serious mental illness with comorbid substance abuse as compared with people who have serious mental illness but are not abusing substances. Results show that psychiatrically disabled substance abusers had psychiatric treatment costs that were almost 60% higher than those of nonabusers. Most of the cost difference was the result of more acute psychiatric inpatient treatment. The authors conclude that although the public health and financial costs of high rates of comorbidity are obvious, the solutions to these problems are not. Numerous bureaucratic and social obstacles must be overcome before programs for those with dual diagnoses can be tested for clinical effectiveness (authors).

Order #: 11861

Authors: DiNitto, D.M., Webb, D.K., Rubin, A.

Title: **Gender Differences in Dually-Diagnosed Clients Receiving Chemical Dependency Treatment.**

Source: Journal of Psychoactive Drugs 34(1): 105-117, 2002. (Journal Article: 13 pages)

Abstract: This article considers gender differences among 97 clients with dual diagnoses of severe mental illness and chemical dependency (46 male and 51 female). Comparisons are made at the time of their admission to an inpatient chemical dependency treatment program and the follow-up in cases where data are available. Most differences between the men and women at admission concerned psychiatric problems and family/social relations. Women reported they were more bothered by their psychiatric symptoms and their family/social relations, but they also reported more happiness and closeness in some relationships. The women also said they had more relatives with alcohol, drug, and especially psychiatric, problems. At follow-up, gender differences in the family/social and psychiatric domains persisted. Findings suggest that men and women with dual diagnoses might benefit from different emphases in treatment programs.

Co-Occurring Disorders

Order #: 2534

Authors: Dixon, L.B., Osher, F.C.

Title: **Housing for People with Severe Mental Illness and Substance Use Disorders.**

Source: The Housing Center Bulletin 11(3): 1-9, 1993. (Newsletter: 12 pages)

Abstract: This article reviews the housing problems of people with co-occurring mental health and substance use disorders. The research literature has documented a high rate of housing instability and homelessness among this population, which can be related to clinical issues. Epidemiologic studies reveal that the homeless experience is harsher for dually-diagnosed persons than it is for other homeless people. The most accepted clinical strategy involves four treatment phases: engagement; persuasion; active treatment; and relapse prevention. According to the authors, while many clients with active addictions may seem to need structure and supervision, programs should try to accommodate the housing choices of clients and to provide the supports necessary to make various options work.

Order #: 11300

Authors: Drake, R., Wallach, M., Alverson, H., Mueser, K.

Title: **Psychosocial Aspects of Substance Abuse by Clients with Severe Mental Illness.**

Source: Journal of Nervous and Mental Disease 190(2): 100-106, 2002. (Journal Article: 6 pages)

Abstract: As the literature on co-occurring substance abuse in persons with severe mental illness has evolved, emphasis on biologic and pharmacologic factors has diverted attention from important psychosocial issues. In this article, the authors review recent research showing that psychosocial risk factors may explain consistently high rates of substance abuse by these persons; substance abuse is for most clients a socioenvironmental phenomenon embedded in interpersonal activities; and both natural recovery processes and effective treatments rely on developing new relationships, activities, coping strategies, and identities. Thus, psychosocial issues are critical in our attempts to understand and address substance abuse in this population (authors).

Order #: 2546

Authors: Drake, R.E., Alterman, A.I., Rosenberg, S.R.

Title: **Detection of Substance Use Disorders in Severely Mentally Ill Patients.**

Source: Community Mental Health Journal 29(2): 175-184, 1993. (Journal Article: 10 pages)

Abstract: The purpose of this article is to review issues related to detecting alcohol and other drug problems in patients with serious mental illnesses. The authors review current knowledge, suggest clinical guidelines, and indicate directions for future research. Because the detection issues are somewhat different, the authors examine procedures for identifying illicit drugs and alcohol separately. These procedures are summarized in Tables 1 and 2 of the article. The authors contend that the reasons for nondetection are complex, and research is needed to refine instruments and procedures for the detection of substance abuse in patients with mental illnesses (authors).

Co-Occurring Disorders

Order #: 10607

Authors: Drake, R.E., Antosca, L.M., Noordsy, D.L., Bartels, S.J., Osher, F.C

Title: **New Hampshire's Specialized Services for the Dually Diagnosed.**

Source: New Directions for Mental Health Services 50: 57-67, 1991. (Journal Article: 11)

Abstract: New Hampshire's specialized dual diagnosis services include continuous treatment terms and substance abuse treatment groups within each mental health center. These services are embedded in an extensive system of care for the dually diagnosed. The authors briefly review the program and describe in detail with clinical examples two of the program's core components-- regional continuous treatment teams and specialized substance abuse treatment groups. New Hampshire's program also increased the abilities of the mental health and substance abuse systems to collaborate. They are now linked at all levels through administrative contracts, clinical demonstrations, research grants, working relationships, and the experience of successfully treating shared patients.

Order #: 2274

Authors: Drake, R.E., Bartels, S.J., Teague, G.B., Noordsy, D.L., Clark, R.E.

Title: **Treatment of Substance Abuse in Severely Mentally Ill Patients.**

Source: The Journal of Nervous and Mental Disease 181(10): 606-611, 1993. (Journal Article: 6 pages)

Abstract: This article reviews several principles of treatment that address the scope, pace, intensity and structure of dual diagnosis programs. These principles include: assertive outreach, close monitoring, integrated substance abuse and mental health interventions, comprehensive services, safe and stable living environments, flexibility, awareness of the stages of treatment, a longitudinal perspective, and optimism. According to the author, these principles outline structural elements that underlie successful programs.

Order #: 12026

Authors: Drake, R.E., Essock, S.M., Shaner, A., Carey, K.B., Minkoff, K., Kola, L., Lynde, D., Osher, F.C., Clark, R.E., Rickards, L.

Title: **Implementing Dual Diagnosis Services for Clients with Severe Mental Illness.**

Source: Psychiatric Services 52: 469-476, 2001. (Journal Article: 8 pages)

Abstract: The authors of this article describe the critical components of effective programs, which include a comprehensive, long-term, staged approach to recovery; assertive outreach; motivational interventions; provision of help to clients in acquiring skills and supports to manage both illnesses and to pursue functional goals; and cultural sensitivity and competence. Many state mental health systems are implementing dual diagnoses services, but high quality services are rare. The authors provide an overview of the numerous barriers to implementation and describe implementation strategies to overcome the barriers. Current approaches to implementing dual diagnosis programs involve organizational and financing changes at the policy level, clarity of program mission with structural changes to support dual diagnosis services, training and supervision for clinicians, and dissemination of accurate information to consumers and families to support understanding, demand, and advocacy (authors).

Co-Occurring Disorders

Order #: 8153

Authors: Drake, R.E., McFadden, C.M., Mueser, K.T., McHugo, G.J., Bond, G.R.

Title: **Review of Integrated Mental Health and Substance Abuse Treatment for Patients with Dual Disorders.**

Source: Schizophrenia Bulletin 24(4): 589-608, 1998. (Journal Article: 20 pages)

Abstract: This article reviews 36 research studies on the effectiveness of integrated treatments for dually diagnosed patients. Studies of adding dual-disorders groups to traditional services, studies of intensive integrated treatments in controlled settings, and studies of demonstration projects have yielded disappointing results. However, 10 recent studies of comprehensive, integrated outpatient treatment programs provide encouraging evidence of the programs' potential to engage dually diagnosed patients in services and to help them reduce substance abuse and attain remission. Outcome related to hospital use, psychiatric symptoms, and other domains remain less consistent. Several program features appear to be associated with effectiveness: assertive outreach, case management, and a longitudinal, stage-wise, motivational approach to substance abuse treatment (authors).

Order #: 7403

Authors: Drake, R.E., McHugo, G.J., Clark, R.E., Teague, G.B., Xie, H., Miles, K., Ackerson, T.H.

Title: **Assertive Community Treatment for Patients with Co-Occurring Severe Mental Illness and Substance Use Disorder: A Clinical Trial.**

Source: American Journal of Orthopsychiatry 68(2): 201-215, 1998. (Journal Article: 15 pages)

Abstract: In this article, integrated mental health and substance abuse treatment within an assertive community treatment (ACT) approach was compared to that within a standard case management approach for 223 patients with dual disorders over three years. ACT showed greater improvements on some measures of substance abuse and quality of life, but the groups were equivalent on most other measures. These included stable community days, hospital days psychiatric symptoms, and remission of substance use disorder. The authors conclude that patients who received treatment through ACT experienced only slightly greater improvements, and these statistical differences did not translate into differences in rates of stable remission of substance use disorder (authors).

Order #: 2076

Authors: Drake, R.E., McLaughlin, P., Pepper, B., Minkoff, K.

Title: **Dual Diagnosis of Major Mental Illness and Substance Disorder: An Overview.**

Source: In Minkoff, K. and Drake R.E. (eds.), Dual Diagnosis of Major Mental Illness and Substance Disorder. New Directions For Mental Health Services, 50:3-12, Indianapolis, IN: Jossey-Bass, 1991. (Book Chapter: 6 pages)

Abstract: This chapter provides a brief overview of dual diagnosis of a major mental illness and substance use disorder. The authors briefly discuss the reasons dual diagnoses are so common, the federal response, and the development of integrated treatment models (authors).

Available From: Jossey-Bass Inc., 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2974, www.josseybass.com.

Co-Occurring Disorders

Order #: 7147

Authors: Drake, R.E., Mueser, K.T.

Title: **Dual Diagnosis of Major Mental Illness and Substance Abuse Volume Two: Recent Research and Clinical Implications.**

Source: New Directions for Mental Health Services 70: 1996. (Journal:Entire Issue: 110 pages)

Abstract: The chapters in this volume are intended to make current research findings available to all stakeholders in the system of care for people with co-occurring disorders. This volume is intended to highlight the clinical and service implications of the available research, and to help planners, administrators, clinicians, other providers, families, and consumers who are in the process of advocating for, developing, implementing, and participating in effective programs (authors).

Order #: 13697

Authors: Drake, R.E., Mueser, K.T., Brunette, M.F., McHugo, G.J.

Title: **A Review of Treatment for People with Severe Mental Illnesses and Co-Occurring Substance Use Disorders.**

Source: Psychiatric Rehabilitation Journal 27(4): 360-374, 2004. (Journal Article: 15 pages)

Abstract: This paper reviews 26 controlled studies of psychosocial interventions published or reported in the last 10 years (1994-2003). Though most studies have methodological weaknesses, the cumulative evidence from experimental and quasi-experimental research supports integrating outpatient mental health and substance abuse treatments into a single, cohesive package. Effective treatments are also individualized to address personal factors and stage motivation, e.g., engaging people in services, helping them to develop motivation, and helping them to develop skills and supports for recovery. Accumulating evidence from quasi-experimental studies also suggests that integrated residential treatment, especially long-term (one year or more) treatment, is helpful for individuals who do not respond to outpatient dual disorders interventions. Current research aims to refine and test individual components and combinations of integrated treatment (authors).

Order #: 3707

Authors: Drake, R.E., Mueser, K.T., Clark, R.E., Wallach, M.A.

Title: **The Course, Treatment, and Outcome of Substance Disorder in Persons with Severe Mental Illness.**

Source: American Journal of Orthopsychiatry 66(1): 42-51, 1996. (Journal Article: 10)

Abstract: Individuals with co-occurring mental health and substance abuse disorders are particularly vulnerable to negative outcomes. This paper reviews findings on the longitudinal course of dual disorders in traditional treatment systems, which provide separate mental health and substance-abuse programs; describes the movement toward programs that integrate both types of treatment at the clinical level; reviews evidence related to outcomes in integrated treatment programs; and discusses health care policy changes that would encourage effective treatments (authors).

Order #: 1258

Authors: Drake, R.E., Osher, F.C., Wallach, M.A.

Title: **Homelessness and Dual Diagnosis.**

Source: American Psychologist 46(11): 1149-1158, 1991. (Journal Article: 10 pages)

Abstract: People who are dually-diagnosed with severe mental illness and substance use disorders constitute 10% - 20% of homeless persons. In this article, recent research on the epidemiology, characteristics, and service needs of dually-diagnosed homeless persons is reviewed. Also, the range of approaches to providing social services, housing, and mental health and substance abuse treatment; system and legal issues; and problems with current research, as well as future research directions, are discussed.

Co-Occurring Disorders

Order #: 10660

Authors: Drake, R.E., Wallach, M.A.

Title: **Dual Diagnosis: 15 Years of Progress.**

Source: Psychiatric Services 51(9): 1126-1129, 2000. (Journal Article: 4 pages)

Abstract: In this article, the findings support the development of integrated treatment programs that address both types of disorder. The authors describe four perspectives on dual diagnosis - medical, moralistic, psychosocial risk, and phenomenological. They argue that the emphasis on diagnosis and illness may have delayed the development of public policies and programs to address risks for substance abuse inhering in social and environmental settings, such as housing shortages and lack of employment opportunities (authors).

Order #: 12941

Authors: Drebing, C., Rosenheck, R., Schutt, R., Kaspro, W., Penk, W.

Title: **Patterns in Referral and Admission to Vocational Rehabilitation Associated with Coexisting Psychiatric and Substance-Use Disorders.**

Source: Rehabilitation Counseling Bulletin 47(1): 15-23, 2003. (Journal Article: 9 pages)

Abstract: In this article, archival data from 17,929 homeless adults entering the Veterans Health Administration's Healthcare for Homeless Veterans program were analyzed to identify whether the rate of referral and admission to vocational rehabilitation differed between adults with psychiatric disorders alone and those with psychiatric disorders with a coexisting substance-use disorder (SUD). According to the authors, participants with an SUD had an eleven percent greater chance of being referred to vocational rehabilitation than did those with a psychiatric disorder alone. The article also states that of the participants referred to vocational rehabilitation, those with an SUD were almost twice as likely to participate. Those with an SUD also had a higher rate of employment prior to evaluation than did those with a psychiatric disorder alone. The authors assert that these advantages were significant after covarying for demographic variables, specific psychiatric diagnosis, and Addiction Severity Index psychiatric composite score. The authors conclude that these findings fail to support the hypothesis that there is a bias in the process of referral or admission into vocational rehabilitation and suggests that work and participation in work rehabilitation are not negatively affected by a coexisting SUD (authors).

Order #: 2013

Authors: Durell, J., Lechtenberg, B., Corse, S., Frances, R.J.

Title: **Intensive Case Management of Persons With Chronic Mental Illness Who Abuse Substances.**

Source: Hospital and Community Psychiatry 44(5): 415-416, 428, 1993. (Journal Article: 3 pages)

Abstract: This report describes an intensive case management service in which more than half the clients are substance abusers. It summarizes treatment results, presents case vignettes, and suggests guidelines for management of such clients. The Community Care Program is a county-funded program of long-term intensive case management operated within the department of psychiatry of a suburban community hospital (authors).

Order #: 7524

Authors: El-Mallakh, P.

Title: **Treatment Models for Clients with Co-Occurring Addictive and Mental Disorders.**

Source: Archives of Psychiatric Nursing 12(2): 71-80, 1998. (Journal Article: 10 pages)

Abstract: Recent epidemiological studies conducted by the National Comorbidity Survey have indicated that up to 51% of individuals with a serious mental illness are also dependent on or addicted to illicit drugs. However, only 50% of these clients with co-occurring addictive and mental disorders receive treatment that addresses both issues. The author provides a historical overview of treatment philosophies and approaches, describes current treatment models, and reports on outcome data that describe the efficacy of current treatment. Recommendations are made for nurses to incorporate effective treatment models into nursing practice (author).

Co-Occurring Disorders

Order #: 13698

Authors: Epstein, J., Barker, P., Vorburger, M., Murtha, C.

Title: **Serious Mental Illness and its Co-Occurrence with Substance Abuse Disorders, 2002.**

Source: Washington, DC: Substance Abuse and Mental Health Services Administration, 2004. (Report: 119 pages)

Abstract: This report presents national estimates from the 2002 National Survey on Drug Use and Health of the prevalence and treatment of serious mental illness (SMI) and of co-occurring SMI and substance use disorders among adults aged 18 or older. The prevalence of treatment for substance use and mental health problems among persons with co-occurring SMI and substance use disorders also is examined by socioeconomic and demographic characteristics (authors).

Available From: Substance Abuse and Mental Health Services Administration Office of Applied Studies, 1 Choke Cherry Road, Room 7-1044, Rockville, MD 20857, <http://oas.samhsa.gov/CoD/CoD.pdf>.

Order #: 1920

Authors: Evans, K., Sullivan J.M.

Title: **Dual Diagnosis: Counseling the Mentally Ill Substance Abuser.**

Source: New York, NY: The Guilford Press, 2000. (Book: 191 pages)

Abstract: This book is a reference for professionals and others concerned with individuals who suffer from a concurrent substance abuse disorder and a mental disorder. The authors address five key areas involving dual diagnosis: definitions; diagnoses; treatment; aftercare; and burnout. This book includes chapters on such topics as: adolescents, families, preventing relapse, and case management strategies.

Available From: The Guilford Press, 72 Spring Street, New York, NY 10012, (800) 365-7006, www.guilford.com. (COST: \$27.00)

Order #: 9946

Authors: Family Health Program of the Center for Mental Health.

Title: **Integrated Mental Health and Substance Abuse Services to At-Risk Families.**

Source: Psychiatric Services 47(10): 1112-1114, 1996. (Journal Article: 3 pages)

Abstract: This article describes in detail the winning program of the 1996 Gold Achievement Award presented by the American Psychiatric Association. The Family Health Program is a program which provides family-centered outpatient care that integrates mental health and substance abuse treatment, primary health care, and social support services for pregnant and postpartum women and their children and families.

Co-Occurring Disorders

Order #: 13447

Authors: Farrell, M., Howes, S., Taylor, C., Lewis, G., Jenkins, R., Bebbington, P., Jarvis, M., Brugha, T., Gill, B., Meltzer, H.

Title: **Substance Misuse and Psychiatric Comorbidity: An Overview of the OPCS National Psychiatric Morbidity Survey.**

Source: International Review of Psychiatry 15: 43-49, 2003. (Journal Article: 7 pages)

Abstract: In this article, the authors discuss the strong association reported between high substance consumption and other measures of psychological problems. This article provides an overview of a national household survey, a survey of institutional residents with psychiatric disorders and a national survey of a homeless population. The authors also look at patterns of nicotine, alcohol and other drug use in the different samples and examines interactions with other psychiatric morbidity. The article reports that substance-related disorders are some of the most common disorders in the community, and that tobacco, alcohol and other drug use and dependence were dramatically higher in the homeless sample than in either of the other two samples. The authors also assert that substance use was significantly associated with higher rates of psychological morbidity as measured by the Clinical Interview Schedule Revised. The article suggests future service planning needs to take into account the striking disparity of prevalence of psychiatric disorders in different subsections of the population (authors).

Order #: 13734

Authors: Finkelstein, N., VandeMark, N., Fallot, R., Brown, V., Cadiz, S., Heckman, J.

Title: **Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment.**

Source: Sarasota, FL: National Trauma Consortium, 2004. (Report: 12 pages)

Abstract: This paper describes the four models developed and tested in the SAMHSA-funded Women with Co-Occurring Disorders and Violence Study (WCDVS) as well as another frequently used model that can be integrated within substance abuse treatment and provides guidance for providers in choosing a model for their agency. There is a critical need to address trauma as part of substance abuse treatment. Four trauma-specific and integrated models of treatment for substance abuse clients with trauma histories, symptoms, or posttraumatic stress disorder were utilized in the WCDVS study. Each of these models focused on the first stage of treatment: establishing safety and stabilization (authors).

Available From: National Trauma Consortium, 520 Ralph Street, Sarasota, FL 34242, (941) 312-9795, akblanch@verizon.net, www.nationaltraumaconsortium.org

Order #: 896

Authors: Fischer, P.J.

Title: **Estimating the Prevalence of Alcohol, Drug and Mental Health Problems in the Contemporary Homeless Population: A Review of the Literature.**

Source: Contemporary Drug Problems 16(3): 333-389, 1989. (Journal Article: 57 pages)

Abstract: The author reviews epidemiologic findings reported since 1980 to obtain current estimates on the prevalence of alcohol, drug and mental health problems in the homeless population. A comparison of prevalence estimates by location of study, sampling size and composition, and method of assessment is presented. Although the masses of recent data are not truly comparable, there is evidence of large numbers of alcoholics, addicts, and people with mental illnesses among the "literally homeless," and data indicate that they are homeless longer and more often.

Co-Occurring Disorders

Order #: 1246

Authors: Fischer, P.J., Breakey, W.R.

Title: **The Epidemiology of Alcohol, Drug, and Mental Disorders Among Homeless Persons.**

Source: American Psychologist 46(11): 1115-1128, 1991. (Journal Article: 14 pages)

Abstract: This article describes recent research on the prevalence of alcohol, drug, and mental (ADM) disorders and the characteristics of homeless substance abusers and persons with mental illnesses. Methodological problems in homelessness research are reviewed, particularly in relation to definitions of homelessness and sampling- and case-ascertainment methods. Prevalence rates of ADM disorders are much higher in homeless groups than in the general population. As is true of homeless people in general, homeless substance abusers and mentally ill persons are characterized by extreme poverty; underutilization of public entitlements; isolation from family, friends, and other support networks; frequent contact with correctional agencies; and poor general health. Knowledge of these disadvantages should be used to advocate for better services to prevent homelessness and support homeless people (authors).

Order #: 6241

Authors: Fisher, M.S., Bentley, K.J.

Title: **Two Group Therapy Models for Clients With a Dual Diagnosis of Substance Abuse and Personality Disorder.**

Source: Psychiatric Services 47(11): 1244-1250, 1996. (Journal Article: 7 pages)

Abstract: The relative effectiveness of two types of group therapy -- the disease-and-recovery model and the cognitive-behavioral model -- were examined in a public inpatient and outpatient setting with consumers who had a dual diagnosis of a personality disorder and a substance use disorder. Outcomes in four areas of problem severity were measured including: alcohol use, drug use, social and family relations, and psychological functioning. Results suggest that the severity of mental health consumers' substance abuse problems can be substantially decreased in several areas in an outpatient public setting. In an inpatient setting, the use of either group therapy model was more effective in reducing problem severity than using no specific model (authors).

Order #: 11540

Authors: French, M., McCollister, K., Sacks, S., McKendrick, K., DeLeon, G.

Title: **Benefit-cost Analysis of a Modified Therapeutic Community for Mentally Ill Chemical Abusers.**

Source: Evaluation and Program Planning 25: 137-148, 2002. (Journal Article: 11 pages)

Abstract: The purpose of this study is to conduct a comprehensive benefit-cost analysis of the modified TC and compare the results with the benefits and costs of existing, standard treatment programs. The current analysis examines the modified therapeutic community (TC) as an intervention for mentally ill chemical abusers (MICAs) from an economic perspective. Homeless MICA program participants in New York City were sequentially assigned either to a modified TC program or a "treatment-as-usual" (TAU) comparison group. The study tracked client progress from baseline through follow up at six and twelve months post baseline. Treatment effectiveness was measured by outcomes across five domains: substance use, criminal activity, psychological dysfunction, HIV risk behavior, and prosocial behavior. This analysis is the first to examine the economic benefits of treatment programs for patients with multiple disorders. For this study, the modified TC intervention surpassed TAU in terms of outcomes, benefits, and costs. The quantitative results are subject to some methodological concerns and should, therefore, be interpreted carefully. Nevertheless, the modified TC program offers a promising approach to establishing long-term solutions for homeless MICA patients. Benefit-cost analysis translates results into monetary terms, which allows the policy maker to determine how economically worthwhile programs are relative to alternative treatment approaches when deciding how to allocate funds. For this study, the modified TC program appears to be socially beneficial; the treatment generated considerably more dollars in benefits for society than in costs (authors).

Co-Occurring Disorders

Order #: 8723

Authors: French, M.T., Sacks, S., De Leon, G., Staines, G., McKendrick, K.

Title: **Modified Therapeutic Community for Mentally Ill Chemical Abusers: Outcomes and Costs.**

Source: Evaluation and the Health Professions 22(1): 60-85, 1999. (Journal Article: 26 pages)

Abstract: This article presents outcomes and costs of a modified therapeutic community (TC) intervention for homeless mentally ill chemical abusers (MICAs). Outcomes at follow-up are compared with those for a control group of homeless MICAs receiving standard services in a "treatment as usual" (TAU) condition. Annual economic costs for the modified TC and the average weekly cost of treating a single client are estimated. Treatment and other health service costs at 12 months post-baseline are compared for modified TC and TAU clients. The results of the study indicate that, suitably modified, the TC approach is an effective treatment alternative for homeless MICAs, with the potential to be highly cost-effective relative to standard services (authors).

Order #: 8368

Authors: French, M.T., Sacks, S., DeLeon, G., Staines, G., McKendrick, K.

Title: **Modified Therapeutic Community for Mentally Ill Chemical Abusers: Outcomes and Cost.**

Source: Evaluation and the Health Profession 22(1): 60-85, 1999. (Journal Article: 26 pages)

Abstract: Several studies have established that the personal and social consequences of substance abuse are extensive and costly. These consequences are frequently compounded by mental illness. Although interventions that target mentally ill chemical abusers (MICAs) present several challenges, the potential benefits of successful interventions are significant. This article presents outcomes and costs of a modified therapeutic community (TC) intervention for homeless MICAs. Outcomes at follow-up are compared with those for a control group of homeless MICAs receiving standard services in a "treatment-as-usual" (TAU) condition. Annual economic costs for the modified TC and the average weekly cost of treating a single client are estimated. Treatment and other health service costs at 12 months postbaseline are compared for modified TC and TAU clients. The results of this study indicate that suitably modified, the TC approach is an effective treatment alternative for homeless MICAs with the potential to be highly cost-effective relative to standard services. (authors)

Order #: 6716

Authors: Frisman, L.K., Rosenheck, R.

Title: **The Relationship of Public Support Payments to Substance Abuse Among Homeless Veterans With Mental Illness.**

Source: Psychiatric Services 48(6): 792-795, 1997. (Journal Article: 4 pages)

Abstract: A suspicion that disability payments may exacerbate substance use among persons with chemical addictions recently led Congress to limit federal disability entitlements of applicants whose disability status is related to substance abuse, even if they have another serious mental disorder. This study empirically explored the relationship between receipt of disability payments and substance use among homeless mentally ill veterans. The study sample included 2,474 homeless veterans with a current diagnosis of schizophrenia and a substance abuse or dependence disorder who were assessed in a community outreach program sponsored by the Department of Veterans Affairs. After adjustment for other relevant factors, receipt of disability payments showed no significant relationship to the number of days of substance use a month, even among frequent users of alcohol and drugs. Findings about substance use among the homeless veterans with serious mental disorders in this study provide no support for the assertion that disability payments exacerbate substance use (authors).

Co-Occurring Disorders

Order #: 6862

Authors: Galanter, M., Egelko, S., Edwards, H., Katz, S.

Title: **Can Cocaine Addicts with Severe Mental Illness Be Treated Along with Singly Diagnosed Addicts?**

Source: American Journal of Drug and Alcohol Abuse 22(4): 497-507, 1996. (Journal Article: 11 pages)

Abstract: This article describes a study that tested the feasibility of treating cocaine-abusing patients with severe mental illness along with singly diagnosed addicts in an experimental ambulatory program that combines peer-led treatment with psychiatric management and pharmacotherapy. The study looked at 298 patients admitted to an experimental "recovery" clinic at New York's Bellevue Hospital over the course of its four-year operation. Results indicated that the outcome of treatment for schizophrenics and patients with major affective disorder was as good or better than that of the other patients on retention in treatment, on total visits made, and on acceptable urinalysis outcome. The authors conclude that patients with severe mental illness fare at least as well while in treatment in terms of involvement in the program and drug-use status as those less severely impaired (authors).

Order #: 11660

Authors: Galanter, M., Egelko, S., Edwards, H., Vergaray, M.

Title: **Practical Business of Treatment - 28: A Treatment System for Combined Psychiatric and Addictive Illness.**

Source: Addiction 89(28): 1227-1235, 1994. (Journal Article: 9 pages)

Abstract: In this article, the authors describe a model treatment system for patients with combined general psychiatric and addictive disorders in one municipal hospital in New York. It is composed of three complementary units: a locked ward, a halfway house, and a day program. Treatment is based on a peer leadership approach coupled with professional treatment, and provides multiple levels of care to address the needs of respective patients. Of 464 admissions evaluated and treated, most were from disadvantaged minorities, homeless and abusers of cocaine. All were admitted with acute psychiatric or perinatal presentations, and carried Axis I diagnoses in addition to their substance abuse. Clinical experience over 6 years is reviewed, suggesting the feasibility of reorganizing general hospital psychiatric services to address the needs of the dually diagnosed (authors).

Order #: 10164

Authors: Glover, R.W., Gustafson, J. S.

Title: **National Dialogue on Co-Occurring Mental Health and Substance Abuse Disorders.**

Source: Washington, DC: National Association of State Mental Health Program Directors, 1998. (Report: 50 pages)

Abstract: This report is a result of The National Dialogue on Co-Occurring Mental Health and Substance Abuse Disorders held in Washington, DC in June 1998. The event was co-sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Association of State Mental Health Program Directors (NASMHPD) and the National Association of the State Alcohol and Drug Abuse Directors (NASADAD). Invited participants included state mental health commissioners and alcohol and drug abuse directors, expert panelists, and federal officials. Their extensive, collective experience framed the groups' discussions and shaped recommendations for systems change.

Available From: New York State Office of Mental Health, 44 Holland Avenue, Albany, NY 12229, (518) 408-2026, www.omh.state.ny.us/omhweb/Dualdiag/dualdiag.htm.

Co-Occurring Disorders

Order #: 10165

Authors: Glover, R.W., Gustafson, J.S.

Title: **Financing and Marketing the New Conceptual Framework for Co-Occurring Mental Health and Substance Abuse Disorders: A Blueprint for Systems Change.**

Source: Washington, DC: National Association of State Alcohol/Drug Abuse Directors, 1999. (Report: 46 pages)

Abstract: This report summarizes the June 1999 meeting of the National Association of State Mental Health Program Directors (NASMPHD) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) Task Force on Co-occurring Disorders, and the group's progress in finding ways to finance a system of care for people with co-occurring disorders and market the work of the task force (i.e., the conceptual framework) to help bring about widespread improvements in care for persons with co-occurring disorders. After the success of the first National Dialogue on Co-occurring Mental Health and Substance Abuse Disorders in breaking down traditional barriers between the mental health and substance abuse systems, participants urged their respective national associations to formally name this joint task force.

Available From: National Association of State Alcohol/Drug Abuse Directors, 808 Seventeenth Street NW, Suite 410, Washington, DC 20006, (202) 293-0090, www.nasadad.org/Departments/Research/ConsensusFramework/financial/co1999.htm.

Order #: 11239

Authors: Gonzalez, G., Rosenheck, R.A.

Title: **Outcomes and Service Use Among Homeless Persons with Serious Mental Illness and Substance Abuse.**

Source: Psychiatric Services 53(4): 437-446, 2002. (Journal Article: 10 pages)

Abstract: This study compared baseline characteristics and clinical improvement after 12 months among homeless persons with a diagnosis of serious mental illness with and without a comorbid substance use disorder. The study subjects were 5,432 homeless persons with mental illness who were participating in the Center for Mental Health Services' Access to Community Care and Effective Services and Supports (ACCESS) program. Analysis of covariance was used to compare clients who had dual diagnoses and those who did not and to identify any association between service use and clinical improvement. Homeless persons with dual diagnoses had poorer adjustment on most baseline measures and experienced significantly less clinical improvement than those without dual diagnoses. However, those with dual diagnoses who received extensive substance abuse treatment showed improvement similar to those without at 12 months (authors).

Order #: 13088

Authors: Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., Fischer, S.

Title: **Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programs.**

Source: Journal of Community and Applied Social Psychology 13(2): 171-186, 2003. (Journal Article: 15 pages)

Abstract: This article compares two approaches to housing chronically homeless individuals with psychiatric disabilities and often substance abuse. The experimental Housing First program offered immediate access to independent housing without requiring psychiatric treatment or sobriety; the control Continuum of Care programs made treatment and sobriety prerequisites for housing. A total of 225 participants were interviewed prior to random assignment and every 6-months thereafter for 2 years. Data were analyzed using repeated measures analysis of variance. Participants randomly assigned to the experimental condition spent significantly less time homeless and in psychiatric hospitals, and incurred fewer costs than controls. A sub-sample recruited from psychiatric hospitals spent less time homeless and more time hospitalized, and incurred more costs than a sub-sample recruited from the streets. Recruitment source by program interactions showed that the experimental program had greater effects on reducing hospitalization for the hospital sub-sample and reducing homelessness for the street sub-sample. Three-way interactions including time indicated that in the experimental group, hospitalization and homelessness declined faster for the hospital and street sub-samples, respectively, than for comparable controls. According to the authors, overall results support the Housing First approach (authors).

Co-Occurring Disorders

Order #: 13595

Authors: Havassy, B., Alvidrez, J., Owen, K.

Title: **Comparisons of Patients With Comorbid Psychiatric and Substance Use Disorders: Implications for Treatment and Service Delivery.**

Source: American Journal of Psychiatry 161(1): 139-145, 2004. (Journal Article: 6 pages)

Abstract: This article tests the hypothesis that there are meaningful clinical differences between patients with comorbid mental health disorders and patients in drug treatment. As part of a larger longitudinal study, 106 patients with comorbid illness from mental health and drug treatment settings were compared regarding diagnosis, drug use, and problem severity. The authors assert that few differences between groups emerged, and that there were no diagnostic differences except that schizophrenia spectrum disorders were more common among mental health than drug treatment patients. The article also states that although more drug abuse than mental health subjects reported drug use in the thirty days before treatment entry, the average number of days of drug use in this period was not different. The authors conclude that these findings document the high prevalence of severe mental illness in drug treatment clients and of serious drug problems in mental health patients, and that only minimal differences emerged between the groups, none indicating a need for specialized treatments in separate systems of care (authors).

Order #: 1275

Authors: Herman, M., Galanter, M., Lifshutz, H.

Title: **Combined Substance Abuse and Psychiatric Disorders in Homeless and Domiciled Patients.**

Source: American Journal on Drug and Alcohol Abuse 17(4): 415-422, 1991. (Journal Article: 8 pages)

Abstract: Although homelessness in patients with combined addictive and psychiatric illness is a common problem, little has been reported about the epidemiology of homelessness in this patient population. The authors, in a study of 100 dually-diagnosed patients admitted to a large metropolitan psychiatric hospital, found that a large portion of patients were homeless at the time of admission. Alcohol and crack/cocaine were the most frequently used drugs. Interestingly, there were no significant differences on most parameters between those who were homeless and those who were not. The authors observed that among the disadvantaged, inner-city dually-diagnosed patients, many move in and out of the homeless state, seriously compromising their chances for recovery. Self-help treatment programs were more commonly used by homeless than domiciled patients. The homeless population may therefore be amenable to treatment in 12-step groups, as are domiciled patients (authors).

Order #: 8719

Authors: Herman, S.E., Frank, K.A., Mowbray, C.T., Ribisl, K.M.

Title: **Longitudinal Effects of Integrated Treatment on Alcohol Use for Persons with Serious Mental Illness and Substance Use Disorders.**

Source: Journal of Behavioral Health Services and Research 27(3): 286-302, 2000. (Journal Article: 17 pages)

Abstract: The authors used a randomized experimental design to assign participants to an integrated mental health and substance use treatment program or to standard hospital treatment. Hospital treatment effects were estimated on days of alcohol use for persons with serious mental illness and substance use disorders. The integrated program had a significant effect on the rate of alcohol use after discharge, reducing the rate of use by 54% (authors).

Co-Occurring Disorders

Order #: 8274

Authors: Hoff, R.A., Rosenheck, R.A.

Title: **The Cost of Treating Substance Abuse Patients With and Without Comorbid Psychiatric Disorders.**

Source: Psychiatric Services 50(10): 1309-1315, 1999. (Journal Article: 7 pages)

Abstract: In this article, data from a national sample of patients with a primary diagnosis of a substance use disorder were analyzed to examine whether having a comorbid psychiatric diagnosis was associated with increased costs of health services over a six-year period and whether dually diagnosed patients used particular types of services more frequently. A national sample of substance abuse patients being treated in Veterans Affairs (VA) facilities were classified into two groups -- those with a dual diagnosis and those with a single diagnosis of substance use disorder. Administrative data was used to track VA health care utilization and costs between 1991 and 1996. Dual diagnosis was associated with a significantly increased cost of care, which was primarily explained by increased utilization of outpatient psychiatric and substance abuse services. Costs for both groups decreased over time, but they decreased faster among dually diagnosed patients. The authors conclude that the increased costs may simply reflect the greater severity of illness among dually diagnosed patients, but it may also indicate fragmented and inefficient service delivery (authors).

Order #: 2150

Authors: Hospital and Community Psychiatry Service.

Title: **Dual Diagnosis of Mental Illness and Substance Abuse: Collected Articles From Hospital and Community Psychiatry.**

Source: Arlington, VA: American Psychiatric Association, 1993. (Journal Article: 64 pages)

Abstract: This collection of articles from "Hospital and Community Psychiatry" illustrates and documents the ways in which the service needs of many individuals with mental illnesses have been altered over the past quarter of a century. Focusing on clinically distinct subgroups of persons who suffer from a dual diagnosis of an alcohol or substance abuse problem in addition to their mental illness, these papers address an array of diagnostic, clinical and service system issues and point to the need for innovative concepts in patient care. Some of the issues concerning dual diagnosis that are covered include assessment and classification, treatment costs, rates of rehospitalization, compliance with aftercare treatment, inpatient treatment of adolescents, day hospital programs, and barriers to community care (authors).

Available From: American Psychiatric Press, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209, (800) 368-5777, www.appi.org.

Order #: 3914

Authors: Hurlburt, M.S., Hough, R.L., Wood, P.A.

Title: **Effects of Substance Abuse on Housing Stability of Homeless Mentally Ill Persons in a Supported Housing Program.**

Source: Psychiatric Services 47(7): 731-736, 1996. (Journal Article: 6 pages)

Abstract: This article studies the two-year housing outcomes of a large sample of homeless people who have mental illness, and took part in an experimental investigation of supportive housing. The relationships between housing outcomes and covariates such as gender, psychiatric diagnosis, and substance abuse were of primary focus. Results show that clients with access to Section 8 housing certificates were more likely to achieve independent housing than clients without access to Section 8 certificates, but no differences emerged across traditional and comprehensive case management. Housing stability was strongly mediated by several covariates, especially the presence of problems with drugs or alcohol.

Co-Occurring Disorders

Order #: 1652

Authors: Jansen, A., Masterton, T., Norwood, L., Viventi, M.

Title: **Harbinger Team IV: Assertive Community Treatment for People with the Dual Diagnosis of Mental Illness and Substance Abuse.**

Source: Innovations & Research 1(2): 11-17, 1992. (Journal Article: 7 pages)

Abstract: Responding to increasing numbers of persons who present signs of both mental illness and substance abuse, Kent County Community Mental Health in Grand Rapids, MI, has developed a program that unifies the disciplines to treat people with dual diagnosis. The objectives of this program are to implement and evaluate the concept of providing assertive community treatment (ACT) to clients who are dually diagnosed with mental illness and substance abuse. Harbinger is an ACT program that intervenes in many aspects of clients' lives to help them remain in the community. The program provides intensive community support during periods of crisis and continuous access to community treatment programs. Methods include medication and money management, vocational assistance, and advocacy with other human service systems (authors).

Order #: 8023

Authors: Jerrell, J.M., Ridgely, M.S.

Title: **Impact of Robustness of Program Implementation on Outcomes of Clients in Dual Diagnosis Programs.**

Source: Psychiatric Services 50(1): 109-112, 1999. (Journal Article: 4 pages)

Abstract: Three types of treatment -- behavioral skills training, a 12-step recovery model, and intensive case management -- provided to 132 clients at four facilities were identified as being robustly or not robustly implemented, depending on whether core elements of these treatments were emphasized. Outcomes and costs of services to clients were examined over 18 months. Clients receiving robustly implemented behavioral skill training had significantly higher psychosocial functioning and lower costs of supportive services than those receiving non-robustly implemented training. Clients receiving robustly implemented case management also exhibited higher functioning and lower costs for intensive services. The authors state that to be effective, dual diagnosis programs should better manage the robustness of implementation of planned interventions (authors).

Order #: 12075

Authors: Jerrell, J.M., Ridgely, S.

Title: **Gender Differences in the Assessment of Specialized Treatments for Substance Abuse Among People with Severe Mental Illness.**

Source: Journal of Psychoactive Drugs 27(4): 347-355, 1995. (Journal Article: 9 pages)

Abstract: A recent study examined the relative cost-effectiveness of three specialized interventions for treating people with both severe mental illness and substance abuse disorders: behavioral skills training, intensive case management, and 12-step recovery. This article reports the changes in client psychosocial outcomes, psychiatric and substance abuse symptomatology, and service utilization and costs for the 31 women involved in the study, and compares these results to similar data on the men in the study sample and to the existing literature. The results of this study provide some insight into ways of serving dually diagnosed women more effectively in community-based treatment programs and of investigating these service more fruitfully (authors)

Co-Occurring Disorders

Order #: 2896

Authors: Jerrell, J.M., Ridgely, S.M.

Title: **Evaluating Changes in Symptoms and Functioning of Dually Diagnosed Clients in Specialized Treatment.**

Source: Psychiatric Services 46(3): 233-238, 1995. (Journal Article: 6 pages)

Abstract: The authors report on a longitudinal study using a set of outcome indicators to assess the effects of specialized treatment for people with co-occurring serious mental health and substance use disorders. A total of 147 clients with dual disorders participated in a clinical trial of three interventions including, behavioral skills training, case management, and a 12-step recovery program. Client self-reports showed changes in psychosocial functioning, especially increased functioning in residential stability and work, and reductions in alcohol and drug symptoms and usage. Data on service utilization showed decreased use of acute mental health services and increased use of outpatient and case management services over time. Ratings by trained observers of psychiatric symptoms and psychosocial functioning improved dramatically (authors).

Order #: 2844

Authors: Jerrell, J.M., Teh-Wei, H., Ridgely, S.M.

Title: **Cost-Effectiveness of Substance Disorder Interventions for the Severely Mentally Ill.**

Source: The Journal of Mental Health Administration 21(3): 281-295, 1994. (Journal Article: 15 pages)

Abstract: This study examines the cost-effectiveness of three intervention strategies for people with co-occurring mental health and substance use disorders in terms of service use and costs. The interventions represent three primary approaches to treating these disorders: 12-step recovery, case management, and behavioral skills training. Interim findings from the study indicate that all three approaches are reducing acute service use and increasing involvement with outpatient and case management treatments. Overall, the societal costs for these clients are reduced by 43% without increasing the burden on client families or on the criminal justice system (authors).

Order #: 5956

Authors: Jerrell, J.M., Wilson, J.L.

Title: **The Utility of Dual-Diagnosis Services for Consumers From Nonwhite Ethnic Groups.**

Source: Psychiatric Services 47(11): 1256-1258, 1996. (Journal Article: 3 pages)

Abstract: The author describes a study where differences in psychosocial functioning, symptoms, service use, and costs for 40 nonwhite consumers of mental health services and 92 white consumers were compared at baseline and six months in a controlled clinical trial of three dual-diagnosis interventions. At six months, nonwhite consumers had lower psychosocial functioning than white consumers as measured by self-report and clinicians' ratings. Nonwhite consumers received significantly less supportive treatment than white consumers. Qualitative data from staff interviews indicated that nonwhite consumers had inadequate community and family supports due to a variety of problems. Although the nonwhite consumers had outcomes similar to those of white consumers, the complex needs of the nonwhite consumers warrant additional staff resources and culturally sensitive treatment programs (authors).

Order #: 8720

Authors: Jerrell, J.M., Wilson, J.L., Hiller, D.C.

Title: **Issues and Outcomes in Integrated Treatment Programs for Dual Disorders.**

Source: Journal of Behavioral Health Services and Research 27(3): 303-313, 2000. (Journal Article: 11 pages)

Abstract: This article examines barriers to delivering services to dually diagnosed consumers and employs a set of multidimensional indicators to assess outcome in an integrated dual disorder treatment program. Program implementation issues are described and the clinical management implications for more effectively serving dually diagnosed consumers through integrated treatment programs are discussed (authors).

Co-Occurring Disorders

Order #: 8481

Authors: Johnson, J.

Title: **Cost-Effectiveness of Mental Health Services for Persons with a Dual Diagnosis: A Literature Review and the CCMHCP.**

Source: Journal of Substance Abuse Treatment 18(2): 119-127, 2000. (Journal Article: 9 pages)

Abstract: This article provides a review of the literature on the effectiveness of ambulatory mental health services and recent emergent reports of cost-effectiveness of programs for the dually diagnosed, paying special attention to the gray areas and gaps. This article also describes a new project called the Cost-Effectiveness of Community Mental Health Care for Single and Dually Diagnosed Project (CCMHCP). This project is designed to longitudinally track and monitor the cost-effectiveness of mental health interventions with dually diagnosed clients in a public sector community-based setting. The intention of this project is not only to address gray areas and gaps in the literature, but also to inform a more rational deployment of mental health services (author).

Order #: 3131

Authors: Kales, J.P., Barone, M.A., Bixler, E.O., Miljkovic, M.M., Kales, J.D.

Title: **Mental Illness and Substance Use Among Sheltered Homeless Persons in Lower-Density Population Areas.**

Source: Psychiatric Services 46(6): 592-595, 1995. (Journal Article: 4 pages)

Abstract: This study examines a sheltered homeless population in two counties of lower-density population, Dauphin and Cumberland, in central Pennsylvania, to assess the prevalence of mental illness and substance abuse. Findings indicate that although mental illness and substance abuse may be somewhat less prevalent among homeless persons in rural areas than in large urban areas, they are nevertheless significant problems (authors).

Order #: 630

Authors: Kline, J., Harris, M., Bebout, R., Drake, R.E.

Title: **Contrasting Integrated and Linkage Models of Treatment for Homeless, Dually Diagnosed Adults.**

Source: In Minkoff, K., Drake, R.E. (eds.), Dual Diagnosis of Major Mental Illness and Substance Disorders. New Directions For Mental Health Services 50: 95-107. Indianapolis, IN: Jossey-Bass, 1991. (Book Chapter: 13 pages)

Abstract: The authors describe two prominent models of treatment for homelessness and dual diagnosis that are commonly used by clinicians and program planners. The linkage treatment model provides a full range of clinical case management services to treat psychiatric disorders while pursuing a program of aggressive outreach and referral to community substance abuse resources. The model emphasizes the significance of social networks in the maintenance of addictive behavior and employs aggressive interventions to change the nature of client social networks. The integrated treatment model provides the full range of clinical case management services while also offering comprehensive substance abuse treatment in-house. This approach emphasizes intensive group work coordinated with individual counseling (authors).

Available From: Jossey-Bass Inc., 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2974, www.josseybass.com.

Co-Occurring Disorders

Order #: 12980

- Authors:** Klinkenberg, R., Caslyn, R., Morse, G., Yonker, R., McCudden, S., Ketema, F., Constantine, N.
- Title:** **Prevalence of HIV, Hepatitis B, and Hepatitis C Among Homeless Persons with Co-Occurring Severe Mental Illness and Substance Use Disorders.**
- Source:** Comprehensive Psychiatry 44(4): 293-302, 2003. (Journal Article: 9 pages)
- Abstract:** This study was undertaken to determine the prevalence of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) among homeless persons with co-occurring severe mental illness (SMI) and substance use disorders and to determine associated risk factors. As part of a longitudinal study of the effectiveness of integrated treatment for homeless persons with SMI and substance abuse or dependence, serological testing was performed to ascertain the prevalence of HIV, HBV, and HCV. At baseline, 6.2% of participants were HIV-positive. Nearly one third of participants had evidence of prior exposure to HBV, and 30% were antibody positive for HCV. About 44% of participants had a reactive test for either HBV or HCV. Having a reactive test was strongly associated with substance use, especially with a history of injection drug use. A significant threat exists to the health and well-being of homeless person with SMI due to high prevalence of blood-borne pathogens. Mental health providers need to play a proactive role in the identification of health-related needs and to assist with access to general health services for persons with SMI (authors).

Order #: 1498

- Authors:** Kofoed, L.
- Title:** **Assessment of Comorbid Psychiatric Illness and Substance Disorders.**
- Source:** In Minkoff, K. and Drake, R.E. (eds.), Dual Diagnosis of Major Mental Illness and Substance Disorder. New Directions For Mental Health Services 50: 43-55, Indianapolis, IN: Jossey-Bass, 1991. (Book Chapter: 13 pages)
- Abstract:** While a person may have both substance use and psychiatric disorders, this comorbidity often remains undiscovered even in persons in treatment programs. In this chapter, the author reviews important dimensions of assessment for patients with dual diagnosis, specific assessment tools and techniques, challenges to the validity of assessment, and prognostic and treatment planning implications (author).
- Available From:** Jossey-Bass Inc., 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2974, www.josseybass.com.

Order #: 8026

- Authors:** Leal, D., Galanter, M., Dermatis, H., Westreich, L.
- Title:** **Correlates of Protracted Homelessness in a Sample of Dually Diagnosed Psychiatric Inpatients.**
- Source:** Journal of Substance Abuse Treatment 16(2): 143-147, 1999. (Journal Article: 5 pages)
- Abstract:** In this article, the authors assessed sociodemographic, drug use, and diagnostic correlates of protracted homelessness in a sample of 147 dually diagnosed patients who required admission to a hospital. When 58 patients with protracted homelessness, defined as continued undomiciled status for over a year, were compared with 74 patients without protracted homelessness, significant differences were found with regards to diagnosis, employment status, criminality, Brief Psychiatric Rating Scale score on admission, and history of injection drug use. No significant relationships were found between protracted homelessness and demographics or chronicity of mental illness (authors).

Co-Occurring Disorders

Order #: 3228

Authors: Lehman, A.F., Dixon, L.B.

Title: **Double-Jeopardy: Chronic Mental Illness and Substance Use Disorders.**

Source: Langhorne, PA: Harwood Academic Publishers, Gordon and Breach Publishing Group, 1995. (Book: 304 pages)

Abstract: This book provides a practical examination of the problems of substance use and abuse among persons with serious mental disorders. Epidemiologic, diagnostic and treatment issues are examined, as well as the problems of special populations, including various ethnic groups, elderly persons and those individuals who are HIV positive. Other topics examined include involvement in the criminal justice system, service systems, family and housing issues. (authors).

Order #: 3303

Authors: Lehman, A.F., Myers, C.P., Johnson, J., Dixon, L.B.

Title: **Service Needs and Utilization for Dual-Diagnosis Patients.**

Source: The American Journal on Addictions 4(2): 163-169, 1995. (Journal Article: 6 pages)

Abstract: The authors examine treatment patterns for two groups of inpatients in a psychiatric facility with co-occurring mental health and substance use disorders. The first group had co-occurring but independent mental health and substance use disorders and the second group had substance-induced organic mental disorders. Assessments included the Addiction Severity Index for perceived services needs, discharge records for recommended treatments and the Quality of Life Interview for follow-up treatment utilization. Findings indicated that the two groups differed on treatment patterns. Both received fewer services than needed during the one-year follow-up. In particular, the group with co-occurring but independent disorders utilized few substance abuse services and the group with substance-induced mental disorders utilized few psychiatric services (authors).

Order #: 8149

Authors: Leslie, D.L., Rosenheck, R.

Title: **Inpatient Treatment of Comorbid Psychiatric and Substance Abuse Disorders: Comparison of Public Sector and Privately Insured Populations.**

Source: Administration and Policy in Mental Health 26(4): 253-268, 1999. (Journal Article: 16 pages)

Abstract: Public health delivery systems are increasingly compared to private systems as policymakers continue to focus on reducing the costs of care. However, there are very few studies comparing trends in utilization and cost between public and private providers. This article examines discharge abstract records for Veterans' Administration patients and insurance claims data for a national sample of privately insured individuals to investigate trends in inpatient utilization and costs for dually diagnosed individuals in these two systems. Although the substantial differences in the populations treated could account for the differences in these measures across systems, the authors state this study is useful in illustrating the possibilities and limitations of system comparisons (authors).

Co-Occurring Disorders

Order #: 9970

Authors: MacDuff, D., Muneses, T.I.

Title: **Mental Health Strategy: Addiction Interventions for the Dually Diagnosed.**

Source: In White, R.K., Wright, D.G. (eds.). *Addiction Intervention: Strategies to Motivate Treatment-Seeking Behavior*. Binghamton, NY: Haworth Press: 37-53, 1998. (Book Chapter: 17 pages)

Abstract: This chapter promotes Prochaska and DiClemente's Readiness-for-Change model as a practice framework for intervening with dually diagnosed patients. It examines the differing treatment needs and intervention strategies for substance abusers with psychopathology and chronically mentally ill substance abusers.

Available From: The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904, (800) 429-6784, www.haworthpress.com.

Order #: 11064

Authors: Magura, S., Laudet, A.B., Mahmood, D., Rosenblum, A., Knight, E.

Title: **Adherence to Medication Regimens and Participation in Dual-Focus Self-Help Groups.**

Source: *Psychiatric Services* 53(3): 310-316, 2002. (Journal Article: 6 pages)

Abstract: This article examines the associations between attendance at self-help meetings, adherence to psychiatric medication regimens, and mental health outcomes among members of a 12-step self-help organization specifically designed for persons with both chronic mental illness and a substance use disorder. Consistent attendance at Double Trouble in Recovery (DTR) meetings was associated with better adherence to medications regimens after baseline variables that were independently associated with adherence were controlled for. Three baseline variables were associated with adherence: living in supported housing, having fewer stressful life events, and having a lower severity of psychiatric symptoms. In addition, better adherence was associated with a lower severity of symptoms at one year and no psychiatric hospitalization during the follow-up period (authors).

Order #: 11213

Authors: Matrix Research Institute.

Title: **Dual Diagnosis (MICA) Assessment, Treatment, Vocational Rehabilitation and Recovery: A Training Manual.**

Source: Philadelphia, PA: Matrix Research Institute, 1996. (Manual: 48 pages)

Abstract: This training program and the accompanying supporting materials were developed for use with staff, consumers and family members to increase awareness of and knowledge about the individual experiencing mental illness concurrent with a substance abuse disorder. The manual focuses on service systems and treatment approaches; programs that address the vocational rehabilitation needs of individuals with co-existing disorders; and increasing MH/VR/SA collaborative treatment and rehabilitative services.

Order #: 7916

Authors: Maynard, C., Cox, G.B.

Title: **Psychiatric Hospitalization of Persons with Dual Diagnoses: Estimates From Two National Surveys.**

Source: *Psychiatric Services* 49(12): 1615-1617, 1998. (Journal Article: 3 pages)

Abstract: Using national hospital discharge abstract data for 1990 and 1994, this article compares differences in psychiatric hospitalization in community hospitals of patients with mental illness only and those with mental disorders and substance use disorders. Individuals with dual diagnoses were younger, and a greater proportion were men. Medicaid was the primary payer for a larger percentage of those with dual diagnoses. Nationally, the number of community hospitalizations for dually diagnosed patients increased 15 percent from 1990 to 1994, and total hospital charges increased from \$1.9 to \$2.2 billion (authors).

Co-Occurring Disorders

Order #: 13120

Authors: McCoy, M., Devitt, T., Clay, R., Davis, K., Dincin, J., Pavick, D.,

Title: **Gaining Insight: Who Benefits From Residential, Integrated Treatment for People With Dual Diagnoses?**

Source: Psychiatric Rehabilitation 27(2): 140-150, 2003. (Journal Article: 11 pages)

Abstract: This article examines 18-month outcomes for 38 participants in an urban, residential integrated treatment (IT) program, and whether residents experienced different treatment benefits. Informed by an ACT team approach, the program emphasized harm reduction and motivational interventions. According to the authors, the design is naturalistic, and outcomes are self-comparisons over time reported in the aggregate. Repeated measurements with three standardized scales tracked stage of treatment and extent of alcohol and drug use. The article concludes that outcomes analyses reveal advancements in stage of treatment and significant reductions in use of alcohol and drugs, and that participants also worked more and were hospitalized less (authors).

Order #: 9943

Authors: McDuff, D., Muneses, T.

Title: **Mental Health Strategy: Addiction Interventions for the Dually Diagnosed.**

Source: In White, R., George Wright, D.(eds), Addiction Intervention: Strategies to Motivate Treatment Seeking Behavior. Binghamton, NY: The Haworth Press, 1998. (Book Chapter: 17 pages)

Abstract: This chapter discusses the ways in which substance abuse and psychopathology frequently co-occur in the general population and in mental health and substance abuse treatment settings. Individuals with mental illness in the general population are more likely to have a substance use disorder. Those with a substance disorder are more likely to be mentally ill. This is also well documented in mental health treatment settings. Various treatment approaches to the dually diagnosed are discussed in brief. The authors then focuses on Prochaska and DiClemente's Readiness for Change Model as a practice framework for intervening with dually diagnosed patients, since it has been empirically validated.

Available From: Haworth Press, Inc., 10 Alice Street, Binghamton, New York, NY 13904, (800) 429-6784, www.haworthpress.com.

Order #: 3942

Authors: McHugo, G.J., Drake, R.E., Burton, H.L., Ackerson, T.H.

Title: **A Scale for Assessing the Stage of Substance Abuse Treatment in Persons with Severe Mental Illness.**

Source: The Journal of Nervous and Mental Disease 183(12): 762-767, 1995. (Journal Article: 6 pages)

Abstract: Substance abuse is common among persons with severe mental illness, but few measures exist for clinicians to evaluate treatment progress. The Substance Abuse Treatment Scale (SATS) combines a motivational hierarchy with explicit substance use criteria to form an eight-stage model of the recovery process. Data are presented supporting the reliability and validity of the SATS, based on its use in a community-based sample of persons with dual disorders. The SATS can be used as either a process or an outcome measure, for individuals or for groups, and its value in making explicit the stages of substance abuse treatment is discussed (authors).

Co-Occurring Disorders

Order #: 12558

Authors: McHugo, G.J., Drake, R.E., Teague, G.B., Xie, H.

Title: **Fidelity to Assertive Community Treatment and Client Outcomes in the New Hampshire Dual Disorders Study.**

Source: Psychiatric Service 50(6): 818-824, 1999. (Journal Article: 7 pages)

Abstract: This study examined the association between fidelity of programs to the assertive community treatment model and client outcomes in dual disorders programs. Assertive community treatment programs in the New Hampshire dual disorders study were classified as low-fidelity programs (three programs) or high-fidelity programs (four programs) based on extensive longitudinal process data. The study included 87 clients with a dual diagnosis of severe mental illness and a comorbid substance use disorders. Sixty-one clients were in the high-fidelity programs, and 26 were in the low-fidelity programs. Client outcomes were examined in the domains of substance abuse, housing, psychiatric symptoms, functional status, and quality of life, based on interviews conducted every six months for three years. The results show that clients in the high-fidelity assertive community treatment programs showed greater reductions in alcohol and drug use and attained higher rates of remission from substance use disorders than clients in the low-fidelity programs. Clients in high-fidelity programs had higher rates of retention in treatment and fewer hospitalization admissions than those in low-fidelity programs. The authors conclude that faithful implementation of, adherence to, the assertive community treatment model for persons with dual disorders was associated with superior outcomes in the substance use domain (authors).

Order #: 13359

Authors: McKay, J.R., McLellen, T.A., Durell, J., Ruetch, C., Alterman, A.I.

Title: **Characteristics of Recipients of Supplemental Security Income Benefits for Drug Addicts and Alcoholics.**

Source: Journal of Nervous and Mental Diseases 186(5): 290-298, 1998. (Journal Article: 9 pages)

Abstract: This study examined symptom severity and level of functioning in recipients of Supplemental Security Income (SSI) benefits for drug addicts and alcoholics (DA&A). Although substantial numbers of substance abusers received these benefits until the program was canceled in 1997, little information has been available on the characteristics of these individuals. Approximately 2500 SSI DA&A recipients were assessed at the point in which they were to be referred for treatment services. Results indicated that in addition to long histories of alcohol abuse and recent problems with employment, these DA&A recipients were characterized by high levels of medical and psychiatric problems. Problem severities in these latter two areas were found to be consistently high across several subgroupings of recipients, including those who reported no alcohol or drug use in the prior 30 days. These findings suggest that SSI DA&A recipients are often significantly impaired beyond their alcohol and drug use (authors).

Order #: 6484

Authors: McKenna, C., Ross, C.

Title: **Diagnostic Conundrums in Substance Abusers with Psychiatric Symptoms: Variables Suggestive of Dual Diagnosis.**

Source: American Journal of Drug and Alcohol Abuse 20(4): 397-412, 1994. (Journal Article: 18 pages)

Abstract: Patients with substance dependence and psychiatric symptoms often present a diagnostic conundrum because each of these problems may mutually and reciprocally complicate the other. The main purpose of the study was to identify variables suggestive of dual diagnosis in the population of substance-dependent patients with psychiatric symptoms. A secondary purpose was to examine the subgroups in this population for their distinctiveness from one another. Based upon clinical experience and the literature, seven independent variables were hypothesized as suggestive of dual diagnosis.

Co-Occurring Disorders

Order #: 1935

Authors: McLaughlin, P., Pepper, B.

Title: **Modifying the Therapeutic Community for the Mentally Ill Substance Abuser.**

Source: In Minkoff, K., Drake, R.E. (eds.), *Dual Diagnosis of Major Mental Illness and Substance Disorders*. New Directions for Mental Health Services 50: 85-93. Indianapolis, IN: Jossey-Bass, 1991. (Book Chapter: 9 pages)

Abstract: The authors describe an integrated treatment model that originated in the substance abuse system, as a modification of a traditional therapeutic community (TC) for substance abusers. The drug abuse TC, as it is commonly constituted, consists of a highly structured social rehabilitation residential program with a desired length of stay of one and a half to two years. Harbor House, a modified TC specifically for seriously mentally ill addicts, located in the Bronx, NY, is described (authors).

Available From: Jossey-Bass Inc., 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2974, www.josseybass.com.

Order #: 6839

Authors: Meisler, S., Blankertz, L., Santos, A., McKay, C.

Title: **Impact of Assertive Community Treatment on Homeless Persons with Co-Occurring Severe Psychiatric and Substance Use Disorders.**

Source: *Community Mental Health Journal* 33(2): 113-122, 1997. (Journal Article: 10 pages)

Abstract: The authors describe a study that evaluated the impact of an integrated assertive community treatment program on homeless persons with serious mental illness and substance use disorders. High rates of retention in treatment, housing stability, and community tenure were attained, and all but the most severe substance users appeared to gain these benefits. While the intervention appears to be an effective means of retaining in services and monitoring such difficult to treat and costly populations, it did not yield high rates of abstinence and social benefits in severe users (authors).

Order #: 9146

Authors: Mental Illness Education Project, Inc.

Title: **Dual Diagnosis: An Integrated Model for the Treatment of People with Co-occurring Psychiatric and Substance Disorders.**

Source: Brookline Village, MA: The Mental Illness Education Project, Inc., 2000. (Videotape: 2 hours)

Abstract: This video is a lecture by Dr. Kenneth Minkoff, a dynamic speaker and a nationally recognized expert in dual diagnosis. He talks with insight, empathy, passion, and humor about the choices and challenges facing people with co-occurring psychiatric and substance disorders and offers practical steps for clients and the professionals who work with them. He describes a set of key principles for an integrated model of care that promotes both hope and recovery. At least half the people with major mental illness also have a co-occurring substance use problem. In spite of this, the two disorders have traditionally been treated in separate systems of care, often alternately and in isolation, with little success. Dr. Minkoff outlines how each system can learn from the other and how care can be linked despite differences in treatment philosophy (authors).

Available From: The Mental Illness Education Project, Inc., P.O. Box 470813, Brookline Village, MA 02447, (617) 562-1111, www.miepvideos.org.

Co-Occurring Disorders

Order #: 7572

Authors: Mercer, C.C., Mueser, K.T., Drake, R.E.

Title: **Organizational Guidelines for Dual Disorders Programs.**

Source: Psychiatric Quarterly 69(3): 145-168, 1998. (Journal Article: 24 pages)

Abstract: Over the last two decades, knowledge has accumulated about dual disorders and their treatment, and treatment providers may now consider numerous options for clinical interventions and program designs. In this article, guidelines are offered to providers concerning these options. The authors review the current knowledge about dual disorders and the results of recent research on the assessment and treatment of these disorders. The authors present treatment principles, recommendations on the components and organization of dual disorders programs, and suggestions for dealing with clinical issues that remain controversial. The authors conclude with comments on the demands of the managed care environment and the heightened importance of continued research in this area (authors).

Order #: 1873

Authors: Mercer-McFadden, C., Drake, R.E.

Title: **A Review of Outcome Measures for Assessing Homeless Populations with Severe Mental Illness and Co-Occurring Substance Abuse.**

Source: New Ipswich, NH: New Hampshire-Dartmouth Psychiatric Research Center, 1992. (Report: 73 pages)

Abstract: The National Institute of Mental Health commissioned this review of outcome measure for assessing homeless populations with severe mental illness and co-occurring substance abuse. The authors chose 15 instruments for review and interviewed the 13 experts who advised them on their field experiences with the instruments.

Order #: 13158

Authors: Meyerson, B., Chu, B., Mills, V.

Title: **State Agency Policy and Program Coordination in Response to the Co-Occurrence of HIV, Chemical Dependency, and Mental Illness.**

Source: Public Health Reports 118(5): 408-414, 2003. (Journal Article: 7 pages)

Abstract: This study sought to establish a conservative and initial understanding of state HIV, substance abuse, and mental health agency coordination of policy and program in response to the co-occurrence of HIV, chemical dependency, and mental illness. Estimation of coordination was accomplished through the comparison of three surveys conducted among state substance abuse directors (1998), state AIDS directors (1999), and state mental health directors (2000). Data from 38 states were reviewed. According to the authors, the most frequently reported state agency activities included coordinating funding, engaging in integrative planning activities, and conducting staff cross-training. When compared for association with state characteristics, coordination among state agencies was found to be associated with Early Intervention Services (EIS) designation, higher rates of AIDS generally, higher rates of AIDS among African Americans, and higher rates of AIDS among Hispanic populations. Given the limitations of comparing three disparate surveys, the authors determined the estimate of interagency coordination to be conservative and preliminary. They conclude that while this study was useful as an initial step toward identifying state interagency policy and program coordination in response to the co-occurrence of HIV, chemical dependency, and mental illness, there were methodological challenges that should be addressed in future studies of state agency coordination. Several recommendations were advanced (authors).

Co-Occurring Disorders

Order #: 7451

Authors: Mierlak, D., Galanter, M., Spivack, N., Dermatis, H., Jurewicz, E., De Leon, G.

Title: **Modified Therapeutic Community Treatment for Homeless Dually Diagnosed Men: Who Completes Treatment?**

Source: Journal of Substance Abuse Treatment 15(2): 117-121, 1998. (Journal Article: 5 pages)

Abstract: This article examined a modified therapeutic community designed for the treatment of patients with combined substance abuse and psychiatric disorders. The authors present characteristics of 189 homeless dually diagnosed men who entered a shelter-based, modified therapeutic community with a prescribed six-month stay in New York City. Thirty-four percent of the patients admitted completed the prescribed stay. These patients were more likely to have fewer inpatient psychiatric admissions and more job experience than those who did not complete their stay. The authors discuss the findings in terms of their similarities and differences to findings from traditional therapeutic communities for the singly diagnosed (authors).

Order #: 12499

Authors: Miles, H., Johnson, S., Amponsah-Afuwape, S., Finch, E., Leese, M., Thornicroft, G.

Title: **Characteristics of Subgroups of Individuals with Psychotic Illness and a Comorbid Substance Use Disorder.**

Source: Psychiatric Services 54(4): 554-560, 2003. (Journal Article: 7 pages)

Abstract: This study investigated whether subgroups defined by their main substances of misuse were heterogeneous. The primary hypothesis was that users of stimulants, such as cocaine or amphetamines, would be characterized by especially high rates of inpatient admission, violence, and self-harm. Case managers' ratings were used to identify individuals with serious mental illness and comorbid substance abuse or dependence who were being treated by 13 community mental health teams in South London. Standardized instruments were used to elicit sociodemographic, clinical, social, and service use data. A total of 233 cases of comorbid substance use disorder and psychotic illness were identified. No significant differences were found between subgroups in the use of inpatient services and lifetime history of self-harm, but there was a significant difference in lifetime history of violence, which was more frequent among stimulant users. The alcohol users were older and more likely to be white, but otherwise few differences between subgroups were suggested by exploratory analyses (authors).

Order #: 11135

Authors: Minkoff, K.

Title: **Behavioral Health Recovery Management Service Planning Guidelines: Co-Occurring Psychiatric and Substance Disorders.**

Source: Peoria, IL: Behavioral Health Recovery Management Project, 2001. (Guide: 35 pages)

Abstract: This paper presents a set of service planning guidelines based on currently existing best practices models. These best practices need much more study, but they are sufficiently well developed at present that it is possible to use them to formulate coherent practice guidelines for assessment, treatment, and psychopharmacology of individuals with co-occurring disorders. These practice guidelines are outlined in this document. Before delineating the practice guidelines themselves, however, it is important to describe the data-based and consensus-based foundation in the literature that supports them (author).

Available From: Center for Health Care Evaluation, 795 Willow Road (152-MPD), Menlo Park, CA, 94025, (650) 617-2746, www.chce.research.med.va.gov/chce/pdfs/Minkoff.pdf.

Co-Occurring Disorders

Order #: 10203

Authors: Minkoff, K.

Title: **Developing Standards of Care for Individuals With Co-occurring Psychiatric and Substance Use Disorders.**

Source: Psychiatric Services 52(5): 597-599, 2001. (Journal Article: 3 pages)

Abstract: It has been increasingly recognized that individuals with co-occurring psychiatric and substance use disorders constitute a difficult and diverse clinical population with poorer outcomes in multiple dimensions and higher costs in multiple settings. This paper describes a national consensus report that builds on program-level data to propose national standards for best practices for treatment of patients with dual diagnosis at the system level. These consensus standards can in turn guide future research on best practices for implementation of comprehensive, integrated systems of care for individuals with co-occurring disorders.

Order #: 10654

Authors: Minkoff, K., Ajilore, C.

Title: **Co-Occurring Psychiatric and Substance Abuse Disorders in Managed Care Systems: Standards of Care, Practice Guidelines, Workforce Competencies, and Training Curricula.**

Source: Rockville, MD: Center for Mental Health Services Managed Care Initiative: Clinical Standards and Workforce Competencies Project Co-Occurring Mental and Substance Disorders Panel, 1998. (Report: 40 pages)

Abstract: This report is the result of the collective efforts of a national panel of dual diagnosis experts, during the period October 1996 to February 1998, to develop national standards, workforce competencies, and training curricula for the treatment of people with co-occurring disorders in managed care systems. The panel members were selected to represent consumers, family members, and providers, and to include individuals with geographic, cultural, and racial diversity as well as public and private sector, and psychiatric and substance disorder backgrounds. In order to accomplish their task, the panel members first performed an extensive review of published and unpublished literature concerning dual diagnosis treatment and managed care, in order to create an annotated bibliography, which was completed in July 1997. Based on the material compiled in this bibliography, the panel then proceeded to develop this report. The panel report is divided into five parts: consumer/family oriented standards for dual diagnosis treatment in managed care systems; standards for managed care systems regarding development of comprehensive dual diagnosis treatment; practice guidelines for dual diagnosis treatment in managed care systems; provider competencies for dual diagnosis treatment in managed care systems; and training curricula (authors).

Order #: 2109

Authors: Minkoff, K., Drake, R.E.

Title: **Dual Diagnosis of Major Mental Illness and Substance Disorder.**

Source: New Directions For Mental Health Services 50: 1-114, 1991. (Book: 114 pages)

Abstract: The volume begins with an overview of dual diagnosis, and then discusses the general principles involved in designing a continuous, comprehensive, and integrated care system for dual diagnosis patients. Common characteristics of successful hybrid programs are described next, followed by an analysis of the progress and technology of assessment. The final four chapters are descriptions of specific innovative program models: a comprehensive continuum of services developed in New Hampshire, with statewide intensive case management; a modular program for step-by-step engagement of dual diagnosis patients in substance treatment that can be adapted to any program setting; a creative dual diagnosis residential treatment program in New York City, developed in a traditional addiction therapeutic community; and a discussion of alternative models for providing effective dual diagnosis services to the homeless mentally ill (authors).

Available From: Jossey-Bass Inc., 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2974, www.josseybass.com.

Co-Occurring Disorders

Order #: 1492

Authors: Minkoff, K., Drake, R.E.

Title: Homelessness and Dual Diagnosis.

Source: In Lamb, H.R., Bachrach, L.L., Kass, F.I. (eds.), Treating the Homeless Mentally Ill. Washington, DC: American Psychiatric Association, 1992. (Book Chapter: 27 pages)

Abstract: The heterogeneity of the population with homelessness and dual diagnosis (HDD) is complex. Though many homeless people have multiple impairments, individuals with HDD constitute a subgroup defined by three major problems - homelessness, severe psychiatric disorder, and substance use disorder. The authors argue that for this particular subgroup, homelessness operates metaphorically as a third diagnosis; all of the difficulties that attend dual diagnosis are amplified by a third set of complicating factors related to homelessness. In the seven years since the publication of the first American Psychiatric Association task force report on the homeless mentally ill, knowledge of dual diagnosis among homeless people has grown considerably. In this chapter, the authors review current thinking regarding HDD in several domains: epidemiology, barriers to care, philosophical issues related to treatment, emerging clinical models, phases of treatment, and research issues (authors).

Available From: American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825 Arlington, VA 22209, (703) 907-7322, www.appi.org. (COST: \$16.95)

Order #: 8304

Authors: Moos, R.H., Moos, B.S.

Title: Outcomes of Four Treatment Approaches in Community Residential Programs for Patients with Substance Use Disorders.

Source: Psychiatric Services 50(12): 1577-1583, 1999. (Journal Article: 7 pages)

Abstract: In this article, treatment approaches used in community residential facilities for patients with substance use disorders were identified, and participants' participation in treatment and case-mix-adjusted one-year outcomes for substance use, symptoms, and functioning in facilities with different treatment approaches were examined. The facilities were classified into four types based on the major emphasis of the program: therapeutic community, psychosocial rehabilitation; 12-step; and undifferentiated. Patients in programs that used the therapeutic community, psychosocial rehabilitation, and 12-step approaches had one-year comparable outcomes that were better than undifferentiated programs. A more direct treatment approach, longer episode of care, and completion of care were independently related to better one-year outcomes. The findings held for patients with only substance use disorders and for patients with both substance use and psychiatric disorders (authors).

Co-Occurring Disorders

Order #: 13657

Authors: Moses, D.J., Reed, B.G., Mazelis, R., D'Ambrosio, B.

Title: **Creating Trauma Services for Women with Co-Occurring Disorders: Experiences from the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study.**

Source: Delmar, NY: Women, Co-Occurring Disorders and Violence Study Coordinating Center, 2003. (Report: 53 pages)

Abstract: This document describes project activities and presents preliminary findings from the process evaluation of the nine sites participating in Phase II of the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study. The first section reviews what is known about the impacts of violence on women, the current state of service delivery, and the SAMHSA project goals and local study sites. The next section on providing trauma-specific services describes in detail four group intervention models that are the basis for trauma-specific services at the project's nine sites. The section on trauma-informed services describes how systems and services can be redesigned to be appropriate and effective for women who have experienced violence; it is illustrated by examples from project sites. The next section outlines the challenges and lessons learned by project sites as they implemented their trauma-specific and trauma-informed service interventions. The final section offers a list of organizations, publications, and other resources (authors).

Available From: Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (518) 439-7415, wvcc@prainc.com, www.prainc.com

Order #: 13658

Authors: Moses, D.J., Hintington, N., D'Ambrosio.

Title: **Developing Integrated Services for Women with Co-Occurring Disorders and Trauma Histories: Lessons from the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study.**

Source: Delmar, NY: Women, Co-Occurring Disorders and Violence Study Coordinating Center, 2004. (Report: 58 pages)

Abstract: This report details the site-level activities of the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study. It highlights the challenges and responses in the study's four domains: service integration; clinical integration; services; and consumer integration. It contains an array of lessons gathered from this innovative multi-site initiative that can help other communities who are working to integrate services for women with co-occurring disorders and histories of trauma (authors).

Available From: Policy Research Associates, Inc., 345 Delaware Ave, Delmar, NY 12054, (518) 439-7415, wvcc@prainc.com, www.prainc.com

Order #: 3158

Authors: Mowbray, C.T., Solomon, M., Ribisl, K.M., Ebegjer, M.A., Deiz, N, Brown, W., Bandla, H., Luke, D.A., Davidson, W.S., Herman, S.

Title: **Treatment for Mental Illness and Substance Abuse in a Public Psychiatric Hospital: Successful Strategies and Challenging Problems.**

Source: Journal of Substance Abuse Treatment 12(2): 129-139, 1995. (Journal Article: 11 pages)

Abstract: Although the literature on co-occurring mental health and substance use disorders has grown considerably over the last several years, reports describing inpatient treatment models are less common. In this article, the authors review some of the major treatment concerns described in the literature, such as using 12-step self-help programs like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), dealing with different stages of treatment, and developing a program with integrated substance abuse and psychiatric treatment. The practical application of these treatment issues is featured by showing how they are incorporated into an innovative inpatient dual diagnosis treatment program at a public psychiatric hospital. Administrative issues, staff training, daily treatment schedules, and patient demographics of this program are describes (authors).

Co-Occurring Disorders

Order #: 9945

Authors: Mueser, K., Drake, R., Miles, K.

Title: **The Course and Treatment of Substance Use Disorder in Persons With Severe Mental Illness.**

Source: In Onken, L., Blaine, J., Genser, S., Horton, A. (eds), Treatment of Drug-Dependent Individuals With Comorbid Mental Disorders. Rockville, MD: U.S. Department of Health and Human Services, 1997. (Book Chapter: 14 pages)

Abstract: This chapter begins with a discussion of issues in the assessment of substance use disorders in persons with severe psychiatric disorders. Following this, an overview provides a natural history of substance use disorders in both the general population and among the chronically mentally ill. Next, the failure of the parallel treatment system for dually diagnosed clients is briefly reviewed, followed by a description of more recently developed integrated substance abuse and mental health methods. Preliminary data are then presented from a three year study by the New Hampshire-Dartmouth Psychiatric Research Center of integrated treatment for dual-diagnosis clients. The implications of research on integrated treatment approaches for policy decisions are discussed in a concluding section, as are future directions for research in this area (authors).

Available From: National Institute on Drug Abuse, 6001 Executive Boulevard, Room 5213, Bethesda, MD 20892, (301) 443-1124, www.nida.nih.gov/pdf/monographs/monograph172/download172.html.

Order #: 12608

Authors: Mueser, K., Noordsy, D., Drake, R., Fox, L.

Title: **Integrated Treatment for Dual Disorders: A Guide to Effective Practice.**

Source: New York, NY: The Guilford Press, 2003. (Book: 470 pages)

Abstract: This comprehensive clinical handbook provides virtually everything needed to plan, deliver, and evaluate effective treatment for persons with substance abuse problems and persistent mental illness. From authors at the forefront of the dual disorders field, the book is grounded in decades of influential research. Presented are clear guidelines for developing integrated treatment programs, performing state-of-the-art assessments, and implementing a wide range of individual, group, and family interventions. Also addressed are residential and other housing services, involuntary interventions, vocational rehabilitation, and psychopharmacology for dual disorders. Throughout, the emphasis is on workable ways to combine psychiatric and substance abuse services into a cohesive, unitary system of care. Designed in a convenient large-size format with lay-flat binding for ease of photocopying, the volume contains all needed assessment forms, treatment planning materials, and client handouts, most with permission to reproduce (authors).

Available From: The Guilford Press, 72 Spring Street, New York, NY 10012, (212) 431-9800, www.guilford.com/cgi-bin/cartscript.cgi?page=addictions/mueser.htm&cart_id=549581.782, (ISBN 1-57230-850-8, COST: \$42.00).

Order #: 5967

Authors: Mullins, S.D.

Title: **Steps Out: A Peer-Integrated Outreach and Treatment Model for Homeless Persons with Co-Occurring Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, undated. (Manual: 53 pages)

Abstract: This manual describes a peer-based treatment initiative designed to assist homeless individuals who suffer from both substance abuse disorders and co-occurring mental illness. The program's central philosophy is that outreach coordinated by staff who were once homeless is an effective means of linking program participants with prevocational and vocational opportunities. Topics discussed include: a conceptual framework; history and setting of the intervention; review of the literature; description of participant population; description of the intervention; case studies; and lessons learned.

Co-Occurring Disorders

Order #: 13263

Authors: National Coalition for the Homeless.

Title: **Addiction Disorders and Homelessness.**

Source: Washington, DC: National Coalition for the Homeless, 1999. (Fact Sheet: 4 pages)

Abstract: This fact sheet discusses the relationship between homelessness and alcohol and drug addiction. The authors discuss the prevalence of mental illness among people who are homeless, the relationship between mental illness and homelessness, and policy issues surrounding treatment and coverage. Additional resources are also given (authors).

Available From: National Coalition for the Homeless, 1012 Fourteenth Street, NW, #600, Washington, DC 20005, (202) 737-6444, www.nationalhomeless.org.

Order #: 7571

Authors: New York State Office of Mental Health.

Title: **Mental Illness and Chemical Abuse (MICA) Program Directory.**

Source: Albany, NY: New York State Office of Mental Health, 1996. (Directory: 278 pages)

Abstract: This revised edition of the MICA Program Directory provides information on treatment and support services throughout New York State for persons with mental illnesses and co-existing alcohol and/or other drug disorders. The directory includes data on admission criteria, services provided, hours of operation, and persons to contact to arrange for recipient placement.

Order #: 7171

Authors: Nuttbrock, L., Rahav, M., Rivera, J., Ng-Mak, D., Link, B.

Title: **Outcomes of Homeless Mentally Ill Chemical Abusers in Community Residences and a Therapeutic Community.**

Source: Psychiatric Services 49(1): 68-76, 1998. (Journal Article: 9 pages)

Abstract: The feasibility and effectiveness of treating homeless mentally ill chemical abusers in community residences compared with a therapeutic community were evaluated. A total of 694 homeless mentally ill chemical abusers were randomly referred to two community residences or a therapeutic community. All programs were enhanced to treat persons with dual diagnoses. Subjects' attrition, substance use, and psychopathology were measured at two, six, and 12 months. Forty-two percent of the 694 referred subjects were admitted to their assigned program and showed up for treatment, and 13% completed 12 months or more. Clients retained at both types of program showed reductions in substance use and psychopathology, but reductions were greater at the therapeutic community. Compared with subjects in the community residences, those in the therapeutic community were more likely to be drug-free, and showed greater improvement in psychiatric symptoms. The authors conclude that homeless mentally ill chemical abusers who are retained in community-based residential programs, especially in therapeutic communities, can be successfully treated (authors).

Co-Occurring Disorders

Order #: 7562

Authors: Nuttbrock, L., Rahav, M., Rivera, J., Ng-Mak, D., Struening, E.

Title: **Mentally Ill Chemical Abusers in Residential Treatment Programs: Effects of Psychopathology on Levels of Functioning.**

Source: Journal of Substance Abuse Treatment 14(3): 269-274, 1997. (Journal Article: 6 pages)

Abstract: In this article, measures of psychopathology among mentally ill chemical abusers were examined as predictors of levels of functioning in two types of community based, residential programs: therapeutic community and community residence. Non-significant associations were generally observed between scales of psychiatric symptoms and counselors' ratings of the residents' capacity to meet the social and interpersonal expectations of the programs. The study suggests that individuals with moderately severe psychopathology can be successfully engaged in residential treatment, even in programs with relatively high expectations for interpersonal involvement and functioning, such as the therapeutic community (authors).

Order #: 6387

Authors: Oakley, D.A., Dennis, D.L.

Title: **Responding to the Needs of Homeless People with Alcohol, Drug, and/or Mental Disorders.**

Source: In Baumohl, J. (ed.), Homelessness In America. Phoenix, AZ: Oryx Press, 179-186, 1996. (Book Chapter: 8 pages)

Abstract: The authors explain why homeless people with alcohol, drug, and/or mental disorders are often excluded from programs that assist homeless people. Service and policy implications are examined including: the importance of outreach and engagement; using case management to negotiate systems of care; offering a range of supportive housing options; responding to consumer preferences; providing mental health and substance abuse treatment; the need for harm reduction approaches to substance abuse; the importance of meaningful daily activity; providing culturally competent care; and putting the need for involuntary treatment in perspective. The authors contend that reaching homeless people with serious mental illnesses, substance use disorders, or co-occurring disorders depends on integrating existing services and entitlements more effectively.

Available From: The Oryx Press at Greenwood Publishing Group, 88 Post Road West, Box 5007, Westport, CT 06881, (203) 226-3571, <http://info.greenwood.com>.

Order #: 3225

Authors: Office of Inspector General.

Title: **Services to Persons with Co-Occurring Mental Health and Substance Abuse Disorders: Provider Perspectives.**

Source: Washington, DC: U.S. Department of Health and Human Services, 1995. (Report: 22 pages)

Abstract: This report, the second in a two part series, describes the experiences and perceptions of 71 people working in 30 community-based programs, located in 20 states, that treat people with co-occurring mental health and substance use disorders. Findings indicate that most front-line staff work in relatively new programs and have little formal training or prior experience specifically related to co-occurring mental health and substance use disorders. In addition, front-line staff report that many of their clients have serious, long-standing illnesses and describe them as resistant to treatment (authors).

Available From: Office of Inspector General, U.S. Department of Health and Human Services, 330 Independents Ave., S.W., Washington, DC 20201, (202) 619-1142. (COST: FREE) (OEI-05-94-00150)

Co-Occurring Disorders

Order #: 3217

Authors: Office of Inspector General.

Title: **Services to Persons with Co-Occurring Mental Health and Substance Abuse Disorders: Program Descriptions.**

Source: Washington, DC: U.S. Department of Health and Human Services, 1995. (Report: 23 pages)

Abstract: This report, the first in a two part series, describes 30 programs nationwide that serve people with co-occurring mental health and substance use disorders within a community setting. The data for the report were collected during the National Comorbidity Survey conducted between 1990 and 1992 by the Office of the Inspector General, Department of Health and Human Services.

Available From: Office of Inspector General, Office of Public Affairs, Department of Health and Human Services, Room 5541 Cohen Building, 330 Independence Avenue, S.W., Washington, D.C. 20201, (202) 619-1343, <http://oig.hhs.gov>.

Order #: 12360

Authors: O'Hare, T.

Title: **Evidence-Based Social Work Practice with Mentally Ill Persons Who Abuse Alcohol and Other Drugs.**

Source: Social Work in Mental Health 1(1): 43-62, 2002. (Journal Article: 20 pages)

Abstract: This article outlines a comprehensive approach to evidence-based social work practice, and applies it to persons with severe and persistent mental illness who also abuse alcohol and other drugs. Representative empirical literature is summarized within a framework that delineates the three major functions of evidence-based social work practice: assessment, intervention and evaluation. The implications of this integrated evidence-based strategy for social work practice are discussed (author).

Order #: 12398

Authors: Osher, F.

Title: **Substance Abuse and the Transmission of Hepatitis C Among Persons with Severe Mental Illness.**

Source: Psychiatric Services 54(6): 842- 847, 2003. (Journal Article: 6 pages)

Abstract: In this article, the authors sought to better understand the relationship of substance abuse to higher rates of transmission of hepatitis C among persons with severe mental illnesses. The authors assessed 668 persons with severe mental illness for HIV, hepatitis B and hepatitis C infection through venipuncture. Demographic characteristics, substance abuse, and risk behaviors for blood-borne infections were assessed through interviews and collection of clinical data. The article states that the high rates of co-occurring substance use disorders among persons with severe mental illness, coupled with the role of substance abuse as a primary vector for hepatitis C transmission, warrants special consideration (authors).

Order #: 3679

Authors: Osher, F.C.

Title: **A Vision for the Future: Toward a Service System Responsive to Those With Co-Occurring Addictive and Mental Disorders.**

Source: American Journal of Orthopsychiatry 66(1): 71-76, 1996. (Journal Article: 6 pages)

Abstract: The author explains that co-occurring addictive and mental disorders identified by providers, family members, administrators, and consumers are an issue creating frustration, high costs, and a profoundly negative impact on quality of life. With empirical research and clinical experience supporting the effectiveness of integrated approaches, the author considers the systemic division of addictive and mental health services, and contends that a change toward integrated systems of care is likely to benefit the mental health and addiction treatment needs of all people, not just those with co-occurring disorders.

Co-Occurring Disorders

Order #: 7036

Authors: Osher, F.C., Dixon, L.B.

Title: **Housing for Persons with Co-Occurring Mental and Addictive Disorders.**

Source: New Directions for Mental Health Services 70: 53-64, 1996. (Journal Article: 12 pages)

Abstract: This article discusses existing housing barriers for persons with co-occurring mental health and addictive disorders and suggests housing, treatment, and support services responsive to the needs of this population. The authors discuss how homelessness and housing instability can exacerbate addiction and mental illness, and how access to appropriate housing is a critical component of care for persons with co-occurring disorders. The authors discuss why persons with dual diagnoses are at risk for housing instability and homelessness, clinical strategies that facilitate stable housing, and housing strategies to facilitate recovery.

Order #: 3227

Authors: Packard, G.

Title: **Integrated Treatment of Substance Abuse and Mental Illness for Homeless People with Dual Diagnoses.**

Source: Concord, NH: New Hampshire-Dartmouth Psychiatric Research Center, 1994. (Manual: 43 pages)

Abstract: The treatment of homeless people with co-occurring mental health and substance use disorders requires the integration of two treatment approaches which have traditionally been separate. In this manual the authors discuss their most recent approaches in the treatment of this population. Since 1987, the New Hampshire mental health system, under a grant from the federal Center for Substance Abuse Treatment, has been using the assertive community treatment (ACT) model to provide treatment to dually diagnosed individuals. This approach has four distinct stages: engagement; persuasion; active treatment; and relapse prevention. Integrating the treatment of both types of disorders for delivery by ACT treatment teams and other forms of intensive case management is a relatively new, and still developing approach. This manual based on the authors experience with dually diagnosed homeless people in Connecticut, New Hampshire, Maine, and Washington, DC (authors).

Order #: 8484

Authors: Palacios, W.R., Urmann, C.F., Newell, R., Hamilton, N.

Title: **Developing a Sociological Framework for Dually Diagnosed Women.**

Source: Journal of Substance Abuse Treatment 17(1-2): 91-102, 1999. (Journal Article: 12 pages)

Abstract: This exploratory study was conducted with the purpose of enumerating both particular social stressors (e.g., the presence of trauma) and the incidence of a comorbid diagnosis on a sample of women in a residential therapeutic community. The women in the study were assessed within the first three weeks following admission into drug treatment, and then again six months after leaving the program. The study found women with histories of delinquent and/or criminal behavior before drug use were more likely to have used more types of drugs and have used multiple drugs together. These women also tended to have had a history of being abused, either emotionally, physically, or sexually, and the lifetime prevalence of abuse was high. This group was also less successful on all outcome measures during six-month follow-up. These results are consistent with the research literature that indicates abuse plays a central role in the development and chronic effect of personality disorders and, in particular, posttraumatic stress disorders.

Co-Occurring Disorders

Order #: 3017

Authors: Pegas, H.

Title: **Engaging the Homeless Dually Diagnosed Crisis Client: Outreach, Admission and the First Two Weeks.**

Source: Berkeley, CA: Bonita House, Inc., 1994. (Manual: 93 pages)

Abstract: This manual focuses on engagement and retention interventions with dually diagnosed adults at admission to a residential treatment program at Bonita House in Berkeley, CA. The methods and intended effect of the interventions are described, including: retaining the client in treatment; preventing new episodes of homelessness, hospitalization, and relapse; and helping clients build enduring treatment relationships over time (author).

Order #: 12497

Authors: Penn, P.E., Brooks, A.J., Worsham, B.D.

Title: **Treatment Concerns of Women with Co-Occurring Serious Mental Illness and Substance Abuse Disorders.**

Source: Journal of Psychoactive Drugs 34(4): 355-362, 2002. (Journal Article: 13 pages)

Abstract: This article discusses the treatment concerns of women with dual diagnosis. A focus group was conducted with seven women as part of a larger study of effective treatments for adults with co-occurring disorders. Women responded to questions about what worked and what did not work in their past treatment experiences and what needs to be added for effective treatment. Five primary themes emerged: negative treatment experiences; negative system experiences; desirable treatment characteristics; therapeutic client characteristics; and life issues affecting treatment engagement. Two of the main treatment recommendations that emerged were the need for advocacy assistance with child protective service agencies and the need for providers to use client-centered treatment methods (authors).

Order #: 12672

Authors: Podus, D., Barron, N., Chang, E., Watkins, K., Guydish, J., Anglin, D.

Title: **Medical and Mental Health Services Utilization Among Requalified and Former Drug Addiction and Alcoholism Recipients of SSI.**

Source: Contemporary Drug Problems 30(1-2): 365-390, 2003. (Journal Article: 25 pages)

Abstract: This article examines the impact of the elimination of the Supplemental Security Income (SSI) drug addiction and alcoholism (DA&A) disability category, and the consequential loss of Medicaid benefits by most of those terminated from SSI, on the medical and mental health services utilization of affected individuals. The authors used data from a two year, five-wave panel study of a random sample of 1,764 former DA&A recipients in nine sites. The authors state that after controlling for covariates, the uninsured were significantly less likely than those who requalified for SSI to receive any medical or mental health care, and that disparities in care were less pronounced between those who requalified for SSI and those who lost SSI but obtained other coverage. The author concludes that lack of insurance was associated with greater difficulty in accessing care in four sites, but was not associated with higher emergency room use (authors).

Co-Occurring Disorders

Order #: 7477

Authors: Project H.O.M.E., Philadelphia Health Management Corporation.

Title: "None of Us Are Home Until All of Us Are Home." Supporting the Homeless: The Project H.O.M.E. Approach.

Source: Philadelphia, PA: Philadelphia Health Management Corporation, 1997. (Program Description: 70 pages)

Abstract: Project H.O.M.E. (Housing, Opportunities, Medical Care, and Education), a non-profit organization in Philadelphia co-founded by Sister Mary Scullion and Joan Dawson McConnon in 1989, works in partnership with chronically homeless persons with mental illness and/or substance use disorders to reduce the risk of re-occurrence of homelessness. The components of Project H.O.M.E.'s Continuum of Care include: street outreach, a housing continuum of ten residences; case management; on-site health care; addictions counseling; recovery groups; referrals to medical and psychiatric care; education; and employment. At Project H.O.M.E., individuals who have survived homelessness, mental illness, substance abuse, and other personal traumas can recover and grow in a community where they are treated with dignity and respect (authors).

Order #: 8281

Authors: RachBeisel, J., Scott, J., Dixon, L.

Title: Co-Occurring Severe Mental Illness and Substance Use Disorders: A Review of Recent Research.

Source: Psychiatric Services 50(11): 1427-1434, 1999. (Journal Article: 8 pages)

Abstract: In this article, the authors review research studies concerning co-occurring severe mental illness and substance use disorders from the past six years that have contributed to the knowledge about effective assessment, diagnosis, course of illness, and treatment approaches. Research on special populations, including women, persons with HIV/AIDS, and violent patients is highlighted (authors).

Order #: 6889

Authors: Rahav, M., Link, B.

Title: When Social Problems Converge: Homeless, Mentally Ill, Chemical Misusing Men in New York City.

Source: The International Journal of the Addictions 30(8): 1019-1042, 1995. (Journal Article: 24 pages)

Abstract: This article describes a study that interviewed 518 homeless mentally ill chemical abusing men who sought community-based treatment in the New York City area in order to identify descriptive sociological characteristics of this population. Results indicated a high percentage of this population has severe psychiatric and substance use problems, as well as a pattern of fatherlessness and often motherlessness from an early age. The authors conclude that fatherlessness and social rootlessness are related to the homeless mentally ill chemical abusing syndrome.

Co-Occurring Disorders

Order #: 6923

Authors: Rahav, M., Nuttbrock, L., Rivera, J.J., Ng-Mak, D.

Title: **Recruitment into Treatment of Homeless, Mentally Ill, Chemical Abusing Men.**

Source: Journal of Drug Issues 27(2): 315-328, 1997. (Journal Article: 14 pages)

Abstract: This article describes a study that conceptualized the process of recruitment into treatment of homeless, mentally ill, chemical-abusing men, and investigated attrition of treatment-seeking clients during the treatment recruitment stage. The authors identify two stages prior to treatment enrollment, treatment exploration, and treatment recruitment and presents the results of a study of 1,924 homeless, mentally ill, chemical-abusing men who sought community-based treatment in New York City between 1991 and 1996. Only 326 of these men actually entered treatment. The rest were lost either prior to or during the recruitment phase. The paper focuses on the 823 men who reached the treatment recruitment stage, and attempts to correlate their sociodemographic, psychological, and substance abuse characteristics with the different types of attrition during treatment recruitment. The results show that certain client characteristics, such as issues of violence and assault, disruptive behavior and criminality, predict rejection by treatment programs. Certain other characteristics, such as those of depressed/suicidal clients with little history of disruptive or violent behavior, predict acceptance by the treatment programs (authors).

Order #: 3163

Authors: Rahav, M., Rivera, J.J., Nuttbrock, L., Ng-Mak, D., Sturz, E.L., Link, B.G., Struening, E.L., Pepper, B., Gross, B.

Title: **Characteristics and Treatment of Homeless, Mentally Ill, Chemical-Abusing Men.**

Source: Journal of Psychoactive Drugs 27(1): 93-103, 1995. (Journal Article: 11 pages)

Abstract: This study sought to identify the clinical, psychosocial, and substance abuse characteristics of homeless men with co-occurring mental health and substance use disorders and to evaluate two treatment modalities. The treatment settings consisted of one modified therapeutic community (TC) program and four modified community residence (CR) programs. Findings indicated that the participants childhood and family background revealed serious parental deprivations as well as a high prevalence of alcohol and other drug abuse, mental illness and criminal behavior among the parents. In terms of treatment, the TC program admitted their clients into treatment faster, tended to take more impaired clients and had a lower preadmission dropout rate than the CR programs did. However the CR programs had lower postadmission dropout rates and were able to retain clients longer (authors).

Order #: 12787

Authors: Reardon, M.L., Burns, A.B., Preist, R., Sachs-Ericsson, N., Lang, A.R.

Title: **Alcohol Use and Other Psychiatric Disorders in the Formerly Homeless and Never Homeless: Prevalence, Age of Onset, Comorbidity, Temporal Sequencing, and Service Utilization.**

Source: Substance Use and Misuse 38(3-6): 601-644, 2003. (Journal Article: 43 pages)

Abstract: In this study interview survey data were collected on a large general population sample of adults subsequently classified as never homeless (NH) or formerly homeless (FH), with the latter group consisting of persons who had past experience of at least a one-month period with no regular place to live. The objective was to analyze differences, as a function of this classification, in the prevalence, age of onset, comorbidity, temporal sequencing, and service utilization pertinent to alcohol-use and other psychiatric disorders. Almost half of the FH group were found to have a one-year DSM diagnosis, nearly twice the rate seen in the NH group. Moreover, the prevalence of alcohol-use disorder (AUD) comorbid with one or more other psychiatric disorders was five times that reported by NH participants. Subsequent analyses addressed differences between the FH and NH groups within the subset who met criteria for one or more psychiatric diagnoses. Differences between the FH and the NH suggest the importance of devoting special attention to this unique sample (authors).

Co-Occurring Disorders

Order #: 3875

Authors: Rhein, M.E., Small, C.G.

Title: **Mental and Substance Use Disorders: The Treatment of Dual Diagnosis.**

Source: Washington, DC: Dual Diagnosis Subcommittee of the Treatment Services Committee, Department of Human Services, Planning, and Public Safety, Metropolitan Washington Council of Governments, 1995. (Report: 54 pages)

Abstract: This report on dual diagnosis policy in the Washington metropolitan region examines the nature of co-occurring substance abuse and mental disorders, identifies barriers to effective treatment of the dually diagnosed, and provides recommendations for staff training and program and system design.

Order #: 1752

Authors: Ridgely, M.S.

Title: **Creating Integrated Programs for Severely Mentally Ill Persons With Substance Disorders.**

Source: In Minkoff, K., Drake, R.E. (eds.) Dual Diagnosis of Major Mental Illness and Substance Abuse Disorder. New Directions For Mental Health Services 50: 29-41. Indianapolis, IN: Jossey-Bass, 1991. (Book Chapter: 13 pages)

Abstract: Hybridization implies that people with co-occurring serious mental health and substance use disorders will receive treatment for both disorders concomitantly within one setting rather than concurrently (or even serially) in different settings. Four programs are given as examples of hybridized treatment programs for severely mentally ill persons with substance abuse disorders. The authors discuss interventions that address specific phases of treatment designed to engage clients in services; motivate them to seek specific substance abuse treatment; provide comprehensive assessment of alcohol, drug, and mental health problems; provide concomitant treatment, including a core set of mental health and substance abuse treatment interventions; provide or orchestrate relapse prevention or other aftercare interventions; and develop linkages between the alcohol, drug, and mental health treatment systems (author).

Available From: Jossey-Bass Inc., 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2974, www.josseybass.com.

Order #: 2875

Authors: Ridgely, M.S., Jerrell, J.M.

Title: **Analysis of Three Interventions For Substance Abuse Treatment of Severely Mentally Ill People.**

Source: Community Mental Health Journal 32(6): 561-572, 1996. (Journal Article: 32 pages)

Abstract: People who have serious mental illnesses with co-occurring substance abuse disorders are difficult to treat and the course of their psychiatric treatment is worsened by substance abuse. Despite increased attention to the problem, few studies of specialized treatment are reported in the literature and most lack detail about the specialized interventions employed. Qualitative data, gathered as part of a larger study of the cost-effectiveness of three substance abuse interventions for people with serious mental illnesses, are presented. The implementation of the three interventions at five community mental health centers over an 18 month period is described. Through the implementation process the authors identify some of the difficulties associated with instituting innovative treatment programs for this population (authors).

Co-Occurring Disorders

Order #: 7212

Authors: Ridgely, M.S., Lambert, D., Goodman, A., Chichester, C.S., Ralph, R.

Title: **Interagency Collaboration in Services for People With Co-Occurring Mental Illness and Substance Use Disorder.**

Source: Psychiatric Services 49(2): 236-238, 1998. (Journal Article: 3 pages)

Abstract: The authors describe a program in Maine designed to develop a collaborative, or communities of providers, who work together to offer coordinated mental health and substance abuse treatment and support. Surveys of provider agencies in one collaborative conducted one year and two years after the collaborative was established showed an increase in interagency referrals, joint assessments of clients, and jointly sponsored training and client services. The authors conclude that developing a collaborative of providers to serve clients with co-occurring disorders offers a cost-effective approach to maximizing current resources and improving the local delivery of services (authors).

Order #: 3685

Authors: Ridgely, M.S., Osher, F.C., Johnson, J.

Title: **Integrating Clinical Care for People with Co-Occurring Mental Health and Substance Abuse Disorders.**

Source: Baltimore, MD: The University of Maryland at Baltimore and State of Maryland, Mental Hygiene Administration, 1995. (Curriculum: 5 pages)

Abstract: This curriculum is designed for community mental health and substance abuse workers serving people who have co-occurring mental health and substance use disorders. Issues addressed include current approaches to community mental health and addiction treatment and the integration of the two into a single program of care. Participants in the curriculum are expected to complete required readings, attend didactic training sessions, and participate in training exercises designed to improve their knowledge and skill in assessing and treating people with co-occurring disorders (author).

Order #: 2044

Authors: Ridgely, S., Dixon, L.

Title: **Integrating Mental Health and Substance Abuse Services For Homeless People With Co-Occurring Mental and Substance Use Disorders.**

Source: Rockville, MD: Center for Mental Health Services, 1993. (Report: 35 pages)

Abstract: This technical assistance report discusses integrating services for homeless persons with co-occurring serious mental health and substance use disorders. Barriers to the care of people with dual diagnoses include the lack of common administrative structure, insufficient resources and philosophical differences, and financial barriers. The authors present three models for addressing the structural aspects of services integration for people with dual diagnoses: the integrated service model; the parallel service model; and the linkages service model. Federal, state, and local initiatives for integrating services are described.

Order #: 2849

Authors: Ridgely, S.M., Dixon, L.B.

Title: **Policy and Financing Issues in the Care of People with Chronic Mental Illness and Substance Use Disorders.**

Source: In Lehman, A., Dixon, L. (eds.) Double Jeopardy: Chronic Mental Illness and Substance Use Disorders. Harwood Academic Press 1995. (Book Chapter: 19 pages)

Abstract: Developing effective treatments for individuals with co-occurring mental health and substance use disorders requires expertise in overcoming complex obstacles in the domains of policy and financing. While convincing data about the effectiveness of innovative clinical programs can help to overcome these obstacles, workers at many levels of government and the private sector must also develop innovative strategies to modify the current care system. This chapter describes barriers to effective treatment and then suggest models and strategies for change (authors).

Co-Occurring Disorders

Order #: 13421

Authors: Ries, R., Dyck, D., Short, R., Srebnick, D., Fisher, A., Comtois, K.

Title: **Outcomes of Managing Disability Benefits Among Patients With Substance Dependence and Severe Mental Illness.**

Source: Psychiatric Services 55(4): 445-447, 2004. (Journal Article: 3 pages)

Abstract: This article evaluates the feasibility and efficacy of a program to manage Social Security Disability benefits in a clinical sample of patients with severe mental illness and co-occurring substance dependence. The authors randomly assigned forty-one patients to have their benefits either contingently or noncontingently managed through their mental health center. The article states that contingent management involved adjustments to the type or frequency (not amount) of disability benefits and payments for study participation based on ratings of substance use, money management, and treatment follow-through. The authors assert that the patients with contingent management used significantly less alcohol and drugs and showed much better money management than those with noncontingent management, and that patients and case managers who participated in the study reported that they found the management strategy to be acceptable and useful (authors).

Order #: 11438

Authors: Ries, R.K., Dyck, D.G., Short, R., Srebnik, D., Snowden, M., Comtois, K.A.

Title: **Use of Case Manager Ratings and Weekly Urine Toxicology Tests among Outpatients with Dual Diagnoses.**

Source: Psychiatric Services 53(6): 764-766, 2002. (Journal Article: 3 pages)

Abstract: This article reviews a study conducted from 1998 through 2000 involving clients engaged in an intensive case management-based, integrated outpatient treatment program for persons with dual diagnoses. Use of drugs and alcohol by 43 predominantly male outpatients who had severe mental illness and a co-morbid substance use disorder were assessed weekly through the ratings of experienced dual disorder case managers and through blinded research urine toxicology tests. The percentage of weeks in which drugs or alcohol were used was calculated on the basis of one or both assessments. The case managers often missed drug use over the weekends, which was detected by the urine toxicology tests. The findings have implications for monitoring patients with dual diagnoses and provide insight into the accuracy of case manager ratings (author).

Order #: 2654

Authors: Riley, J.A.

Title: **Dual Diagnosis: Comorbid Substance Abuse or Dependency and Mental Illness.**

Source: Mental Health Nursing 29(1): 29-35, 1994. (Journal Article: 7 pages)

Abstract: This article describes the concomitance of drug abuse and dependency and psychiatric disorder. The recent recognition of this phenomenon presents a new challenge for psychiatric and mental health nursing practice. According to the author, the psychiatric-mental health nurse is in a unique role to contribute to the care of these clients. Current literature on the development of integrated and hybrid treatment models consistently mentions the presence and role of nurses as an integral member of the treatment team. The author contends that for nursing to fully realize this challenge and opportunity, it is imperative that nursing education respond (author).

Co-Occurring Disorders

Order #: 6718

Authors: Rosenheck, R., Lam, J., Randolph, F.

Title: **Impact of Representative Payees on Substance Use by Homeless Persons With Serious Mental Illness.**

Source: Psychiatric Services 48(6): 800-806, 1997. (Journal Article: 7 pages)

Abstract: Assignment of representative payees, third parties responsible for managing clients' funds, has been proposed to counter potential use of public support payments for abused substances by people with severe mental illness and substance use disorders. This article examines substance use outcomes in a sample of homeless persons with serious mental illness and substance use disorders, some of whom were assigned representative payees. This study failed to find evidence that merely adding external money management services to existing services improves substance abuse outcomes among clients who had dual diagnoses and were homeless. The authors conclude that besides assigning a payee, structured behavioral interventions may be needed to produce additional clinical benefits (authors).

Order #: 11195

Authors: Sacks, S.

Title: **Co-Occurring Mental and Substance Use Disorders: Promising Approaches and Research Issues.**

Source: Substance Use and Misuse 35(12-14): 2061-2093, 2000. (Journal Article: 32 pages)

Abstract: This paper surveys the mental health and drug user treatment literature, identifying promising approaches and research issues in the treatment of co-occurring mental illness and substance use disorders. The prevalence and classification of co-occurring disorders are briefly reviewed, and selected treatment models currently in use are described. Three models are cited as representing particularly promising approaches - comprehensive integrated treatment, assertive community treatment, and the modified therapeutic community - and best practices are summarized. This paper proposes a research agenda focused on relevant emerging treatment issues.

Order #: 6087

Authors: Sacks, S., DeLeon, G., Bernhardt, A., Sacks, J.

Title: **Modified Therapeutic Community for Homeless Mentally Ill Chemical Abusers Treatment Manual.**

Source: New York, NY: Center for Therapeutic Community Research, 1994. (Manual: 64 pages)

Abstract: This manual adapts therapeutic community (TC) principles and methods from the drug treatment field and describes a new model (the modified TC) for the homeless mentally ill chemical abusing (MICA) individual. This model integrates psychiatric rehabilitation and TC methods and treats both the mental illness and the substance abuse in the context of recovery and community. Topics discussed include: conceptual framework; review of the literature; history and setting of the intervention; description of the client population; structure of the intervention; and process of the intervention.

Order #: 7963

Authors: Sacks, S., DeLeon, G., Balistreri, E., Liberty, H.J., McKendrick, K., Sacks, J., Staines, G., Yagelka, J.

Title: **Modified Therapeutic Community for Homeless Mentally Ill Chemical Abusers: Sociodemographic and Psychological Profiles.**

Source: Journal of Substance Abuse Treatment 15(6): 545-554, 1998. (Journal Article: 10 pages)

Abstract: This article, the first in a series of reports from a field study on the efficacy of modified therapeutic community (TC) treatment for homeless mentally ill chemical abusers, presents sociodemographic profiles, psychiatric diagnosis, and psychological symptom data on 342 homeless mentally ill chemical abusing clients seeking treatment in mental health community residence settings. The findings reflect the multidimensional deficits, social dysfunctionality, and severity of psychopathology of the study sample. The authors discuss the implications of these findings for program design and program planning, with special reference to modified TC program (authors).

Co-Occurring Disorders

Order #: 8373

Authors: Sacks, S., Sacks, J.Y., DeLeon, G., Bernhardt, A.I., Staines, G.L.

Title: **Modified Therapeutic Community for Mentally Ill Chemical "Abusers:" Background; Influences; Program Description; Preliminary Findings.**

Source: Substance Use and Misuse 32(9): 1217-1259, 1997. (Journal Article: 43 pages)

Abstract: This paper briefly surveys the literature that addresses the problem of co-occurring mental and substance abuse disorders. It discusses several convergent influences on the development of modified therapeutic community (TC) approaches. The paper describes in some detail the modified TC program for mentally ill chemical abusers (MICAs). The paper also summarizes research data that establish positive retention rates and significant in-treatment change to support the effectiveness of the modified TC and to underscore the limited effect of treatment-as-usual approaches. Treatment approaches must be comprehensive, multidimensional, of relatively long duration, and must systematically address the interrelated problems of mental illness and substance use. (authors)

Order #: 13719

Authors: Sacks, S., Skinner, D., Sacks, J., Peck, A.

Title: **Manual for Engaging Homeless Mentally Ill Chemical Abusers in a Modified TC Shelter Program.**

Source: New York, NY: National Development and Research Institutes, Inc., 2002. (Manual: 65 pages)

Abstract: This manual is a guide to the development of a modified therapeutic community (TC) for the engagement and retention of homeless mentally ill chemical abusers (MICAs). The authors describe the planning, development, and implementation of A New Beginning, which uses principles and methods of a modified TC combined with special strategies that motivate and engage these men in treatment while preparing them for housing. The conceptual framework, review of literature, history and setting of intervention, description of client population, structure, process and significance are also explored (authors).

Available From: National Development and Research Institutes, Center for the Integration of Research and Practice, 71 West 23rd Street, Eighth Floor, New York, NY 10010, (212) 845-4400, www.ndri.org/ctrs/cirp/sa.pdf.

Order #: 1342

Authors: Sanguineti, V.R., Brooks, M.O.

Title: **Factors Related to Emergency Commitment of Chronic Mentally Ill Patients Who Are Substance Abusers.**

Source: Hospital and Community Psychiatry 43(3): 237-241, 1992. (Journal Article: 5 pages)

Abstract: A total of 247 chronic mentally ill patients committed for emergency involuntary hospitalization in a public intensive treatment unit were grouped on the basis of positive or negative urine toxicology screens for psychoactive substances at admission. Patients whose screens were positive for substance abuse were more likely to live alone or to be homeless, to be committed for making threats, and to have a diagnosis of organic mental disorder or substance abuse disorder. Patients who screened negative were more likely to live in a supervised setting, to be committed for actions such as assaults and suicidal behavior, and to have a diagnosis of schizophrenia or other psychotic disorder (authors).

Authors: Saxon, A.J., Calsyn, D.A.

Title: Effects of Psychiatric Care for Dual Diagnosis Patients Treated in a Drug Dependence Clinic.

Source: American Journal of Drug and Alcohol Abuse 21(3): 303-313, 1995. (Journal Article: 11 pages)

Abstract: This study examines outcome of treatment for psychoactive substance dependence in a clinic which made psychiatric care readily available. Veterans entering outpatient treatment for substance dependence received psychiatric evaluation as well. Outcomes were compared for patients with dual diagnosis and with substance only diagnosis. Psychotropic medications were prescribed for 80.4% of the dual diagnosis subjects. In the first 6 months of treatment, dual diagnosis subjects compared to substance only diagnosis subjects gave a significantly greater percentage of testing positive for cocaine and opioids. In the second 6 months, those dual diagnosis subjects testing positive for cocaine and opioids was reduced significantly while the results for the substance only group did not change. Treatment retention of dual diagnosis subjects exceeded that of substance only diagnosis subjects. Dual diagnosis patients may initially perform more poorly than substance only diagnosis patients in substance dependence treatment. However, in the presence of psychiatric care, they eventually exhibit comparable success.

Authors: Scheller-Gilkey, G., Woolwine, B., Cooper, I., Gay, O., Moynes, K., Miller, A.

Title: Relationship of Clinical Symptoms and Substance Use in Schizophrenia Patients on Conventional Versus Atypical Antipsychotics.

Source: American Journal of Drug and Alcohol Abuse 29(3): 553-566, 2003. (Journal Article: 13 pages)

Abstract: A large body of research documents the high prevalence and devastating consequences of substance abuse among individuals diagnosed with schizophrenia. One prominent theory of the high rate of comorbidity between these disorders is that substance abuse in schizophrenia is an attempt to self-medicate psychiatric symptoms including negative symptoms and depression as well as side effects including extrapyramidal reactions (EPR). Consistent with this notion, novel antipsychotic medications, which have been shown to reduce negative and depressive symptoms while exhibiting a lower propensity to cause EPR, have been associated with reduced substance abuse in patients with schizophrenia. To further explore the self-medication hypothesis as it relates to the mechanism by which atypical antipsychotics reduce substance abuse, the authors compared schizophrenia patients with a history of substance abuse medicated with either conventional or atypical antipsychotics. Patients with schizophrenia who did not have a history of substance abuse who were on conventional vs. atypical antipsychotics were also examined. Assessments included the Positive and Negative Symptom Scale, Hamilton Rating Scale for Depression, Simpson-Angus, and Abnormal Involuntary Movement Scale. Compared with conventional medications, atypical antipsychotic drugs were associated with reduced levels of substance use (primarily alcohol). Interestingly, however, in substance-abusing patients there were no significant differences between patients on conventional vs. atypical agents with respect to positive or negative symptoms, depression, or EPR. These data suggest that theories related to self-medication of symptoms and side effects do not appear to account for the difference in rates of substance use found in schizophrenia patients on atypical vs. conventional antipsychotic medications (authors).

Co-Occurring Disorders

Order #: 12489

Authors: Schofield, N., Quinn, J., Haddock, G., Barrowclough, C.

Title: **Schizophrenia and Substance Misuse Problems: A Comparison Between Patients With and Without Significant Carer Contact.**

Source: Social Psychiatry Epidemiology 36(11): 523-528, 2001. (Journal Article: 6 pages)

Abstract: This article looks at whether differences exist between patients with a dual diagnosis that have carer contact and those who do not have carer contact in terms of their illness history and type of substance use. According to the authors, many of the carers provide the client with emotional, physical and material support. The article states that results from this study indicated that the no carer contact group was older and had significantly more days in the hospital at last admission. The authors conclude that patients' decrease in contact with carers is due to age rather than severity of substance use, and that patients' reduced contact results in them having longer stays in the hospital possibly because they will not receive additional support when discharged (authors).

Order #: 1388

Authors: Sciacca, K.

Title: **An Integrated Treatment Approach for Severely Mentally Ill Individuals with Substance Disorders.**

Source: In Minkoff, K., Drake, R.E. (eds.), Dual Diagnosis of Major Mental Illness and Substance Disorder. New Directions For Mental Health Services 50: 69-85. Indianapolis, IN: Jossey-Bass, 1991. (Book Chapter: 17 pages)

Abstract: This chapter describes an integrated treatment model developed by the author that has been applied to the treatment of mental illness, chemical abuse, and addiction (MICAA). The author clarifies diagnostic terminology, identifies the limitations of traditional substance abuse and mental health treatment approaches, and discusses the MICAA treatment model itself. These special treatment interventions have been implemented into the following program models: out-patient clinics; day treatment; case management; homeless shelters; homeless services; substance abuse out-patient and in-patient programs; assertive community treatment services (ACT); psychiatric in-patient; and forensic programs in both criminal justice and mental health (author).

Available From: Jossey-Bass Inc., 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2974, www.josseybass.com.

Order #: 3758

Authors: Sciacca, K., Thompson, C.M.

Title: **Program Development and Integrated Treatment Across Systems for Dual Diagnosis: Mental Illness, Drug Addiction and Alcoholism, MIDAA.**

Source: Journal of Mental Health Administration 23(3): 288-297, 1996. (Journal Article: 32 pages)

Abstract: Numerous bureaus of mental health, drug addiction, and alcoholism are designated to provide service to persons who have a discrete, singular disorder of mental illness, drug addiction or alcoholism. Mental health and substance abuse programs (nationally and internationally) have evolved with this singular, limited service capacity. Contrasting incompatible philosophies and treatment methods across the systems have resulted in minimal services for persons with dual diagnosis. The project the authors have outlined is an example of the development of a dual/multiple disorder program that integrates these diverse systems and provides comprehensive services within each of the programs within each delivery system. These programs are cost effective: they utilize existing facilities; train and cross-train existing staff; correct the issues of incompatible treatment interventions; and end the dilemma of gaps in services systems and limited referral resources. As a result, the availability and quality of care for persons with dual diagnosis is greatly improved (authors).

Co-Occurring Disorders

Order #: 12758

Authors: Sells, D., Rowe, M., Fisk, D., Davidson, L.

Title: **Violent Victimization of Persons with Co-occurring Psychiatric and Substance Use Disorders.**

Source: Psychiatric Services 54(9): 1253-1257, 2003. (Journal Article: 5 pages)

Abstract: This article examines the frequency with which persons in the community with psychiatric disorders, substance use disorders, and both types of disorders are victims of violence. The authors looked at the relationship between diagnosis, gender, and victimization over a one-year period. The authors assert that people with co-occurring psychiatric and substance abuse disorders had significantly more episodes of victimization than those with either a psychiatric or a substance use disorder only. The article concludes that social environmental mechanisms, such as exploitation by drug dealers, may play an important role in maintaining victimization among persons with co-occurring disorders (authors).

Order #: 6763

Authors: Shaner, A., Roberts, L.J., Eckman, T.A., Tucker, D.E., Tsuang, J.W., Wilkins, J.N., Mintz, J.

Title: **Monetary Reinforcement of Abstinence From Cocaine Among Mentally Ill Patients With Cocaine Dependence.**

Source: Psychiatric Services 48(6): 807-810, 1997. (Journal Article: 4 pages)

Abstract: The study investigated whether contingency management could reduce cocaine use by patients with schizophrenia. An A-B-A research design, with two-month baseline, intervention, and follow-up phases, was used to study two homeless, treatment-resistant male outpatients with DSM-III-R diagnoses of schizophrenia and cocaine dependence. During the intervention phase, subjects provided daily urine specimens for testing for the cocaine metabolite benzoylecgonine (BE) and received \$25 for each negative test. Concentrations of BE and metabolites of other illicit drugs were assayed twice a week to determine the amount of drug use in addition to frequency. Analysis of variance was used to compare drug use during the three study phases. During the intervention, the proportion of tests positive for cocaine was lower for both subjects. Mean urinary concentrations of BE were significantly lower during the intervention than during the baseline (authors).

Order #: 3980

Authors: Solomon, J., Zimberg, S., Shollar, E.

Title: **Dual Diagnosis. Evaluation, Treatment, Training, and Program Development.**

Source: New York, NY: Plenum Publishing, 1993. (Book: 322 pages)

Abstract: This book grew out of a project to provide treatment to the dual diagnosis population in the psychiatric and addictive disease program at St. Lukes/Roosevelt Hospital Center in New York City. Contributing authors discuss: a system for routinely identifying and treating comorbidity at any point of entry into a hospital mental health system; effective outpatient treatment methods and long-term patient follow-up; the role of self-help groups and modified therapeutic communities in recovery; the integration of dual diagnosis treatment services within existing outpatient psychiatric and addictive disorder programs; and staff training programs for meeting the special needs and problems of dual diagnosis patients. In addition, evaluation and treatment strategies are detailed, and clinical challenges are addressed.

Available From: Springer, 233 Spring Street, New York, NY 10013, (212) 460-1500, www.springeronline.com (COST: \$64.00).

Co-Occurring Disorders

Order #: 11134

Authors: Squires, D.D., Moyers, T.B.

Title: **Motivational Enhancement for Dually Diagnosed Consumers.**

Source: Peoria, IL: Behavioral Health Recovery Management Project, 2001. (Guide: 24 pages)

Abstract: This clinical guideline is designed to introduce clinicians to the use of motivational enhancement therapy (MET) with dually diagnosed consumers as one component of an integrated treatment program. Because substance abuse significantly interferes with the assessment, treatment, and management of psychiatric symptoms, it is important that consumers reduce their recreational use of alcohol or drugs. Motivational enhancement refers to a style of clinical interaction designed to engage ambivalent or resistant consumers in the treatment process. With an integrated treatment program, the job of the motivational enhancement therapist is to prepare unmotivated consumers for a course of treatment by encouraging change talk, and decreasing resistance to the notion of reducing the use of alcohol or drugs (authors).

Available From: Behavioral Health Recovery Management, Behavioral Health Recovery Management, University of Chicago, Center for Psychiatric Rehabilitation, 7230 Arbor Drive, Tinley Park, IL 60477, (708) 614-4770, www.bhrm.org/index.htm.

Order #: 7936

Authors: Stein, L.I., Santos, A.B.

Title: **Rural, Dually Diagnosed, and Homeless Populations.**

Source: In Stein, L.I., Santos, A.B., *Assertive Community Treatment of Persons with Severe Mental Illness*. New York, NY: W.W. Norton & Company, 111-130, 1998. (Book Chapter: 20 pages)

Abstract: This chapter addresses four policy-relevant issues associated with the dissemination of Assertive Community Treatment (ACT) services. Specifically discussed are key modifications and adaptations necessary to implement effective ACT programs in rural settings; for homeless populations; to maximize employment opportunities; and to minimize the use of illicit drugs.

Available From: W.W. Norton & Company, 500 Fifth Avenue, New York, NY 10110, (212) 354-5500, www.wwnorton.com.

Order #: 1029

Authors: Struening, E.L., Padgett, D.K.

Title: **Physical Health Status, Substance Use and Abuse, and Mental Disorders Among Homeless Adults.**

Source: *Journal of Social Issues* 46(4): 65-81, 1990. (Journal Article: 17 pages)

Abstract: To understand the influence of substance use, substance abuse, and mental disorder on the health status and physical condition of homeless adults, representative samples of 949 men and 311 women residing in the New York City shelter system for homeless adults during the summer of 1987 were interviewed with a structured protocol. A typology of 10 groups was identified, based on their profiles on seven measures of substance use, substance abuse, and mental disorder. Their scores on 16 measures of self-rated health status and lifetime prevalence of physical conditions were the dependent variables. Results indicated strong associations between the degree and kind of involvement with drugs, alcohol, and mental problems and the respondents' physical health status. Homeless adults characterized by heavy use and abuse of substances and symptoms and/or histories of mental disorder reported the highest rates of poor physical health. Those involved only in the use of substances or in none of the seven problems consistently reported the best health. Implications of the findings for policy determination are discussed (authors).

Co-Occurring Disorders

Order #: 13025

Authors: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Title: **Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and/or Co-Occurring Substance Use Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Report: 123 pages)

Abstract: This Blueprint for Change is divided into eight chapters that comprise four sections: before you begin; plan for services; organize services; and sustain services. These sections reflect four action steps that states and communities can take to prevent or end homelessness among people with serious mental illnesses, including those with co-occurring substance use disorders. Each chapter presents current knowledge and specific strategies designed to carry out the action steps. Chapters include: Understand the Changing Context of Care and the Nation's Response; Learn About the Population; Establish Core Values; Establish a Comprehensive, Integrated System of Care; Finance a Comprehensive System of Care; Use Evidence-Based and Promising Practices; Measure Results; and Use Mainstream Resources to Serve People Who Are Homeless (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.nrchmi.samhsa.gov/pdfs/publications/Blueprint_2.pdf

Order #: 13028

Authors: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Title: **Emerging Treatment Models for Persons Who Are Homeless with Co-Occurring Mental Illnesses and Substance Use Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Issue Brief (Draft): 8 pages)

Abstract: This issue brief is one in a series reviewing the promising practices that have emerged from recent research and SAMHSA sponsored evaluations. Service providers and policymakers in mental health and substance use treatment are becoming more aware of the need for an integrated treatment approach for persons with co-occurring disorders. Many of the individuals in need of mental health services have additional substance use issues. Substance use issues are common among persons who are homeless and have mental illnesses. Effective services for this population must address consumers' multiple service needs while engaging them on their own terms. Research over the past two decades has shown the benefits of an integrated approach to mental health and substance use treatments (authors).

Available From: National Resource Center on Homelessness and Mental Illness, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: 11820

Authors: Substance Abuse and Mental Health Services Administration.

Title: **SAMHSA Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, 2002. (Report: 218 pages)

Abstract: This is a report to congress on the prevention and treatment of co-occurring substance abuse disorders and mental disorders. It includes: a summary of the manner in which individuals with co-occurring disorders are receiving treatment, including the most up-to-date information available on the number of children and adults with co-occurring disorders, and the manner in which Federal Block Grant funds are used to serve these individuals; a summary of practices for preventing substance abuse disorders among individuals who have mental illness and are at risk of having or acquiring a substance abuse disorder; a summary of evidence-based practices for treating individuals with co-occurring disorders and recommendations for implementing such practices; and a summary of improvements necessary to ensure that individuals with co-occurring disorders receive the services they need.

Available From: Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857, www.samhsa.gov.

Co-Occurring Disorders

Order #: 12932

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Join the Voices of Recovery: Celebrating Health.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, 2003. (Toolkit: 150 pages)

Abstract: The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), within the U.S. Department of Health and Human Services (HHS), in conjunction with its national planning partner organizations and treatment providers, has created this comprehensive user-friendly toolkit, which includes sample press releases, media advisories, PSA scripts, promotional events, fact sheets, etc. The kit helps the deliver the message that recovery from drug and alcohol addiction can become a reality by utilizing accredited professionals and programs, family support, and peer help services. It allows the user to easily tailor a community outreach program to match available time and resources, and to help you educate key community constituent groups. This kit focuses on substance abuse disorders, co-occurring disorders, and co-existing disorders. Join the Voices for Recovery: Celebrating Health, encourages everyone to help incorporate community treatment and recovery services as an integral part of the public health system (authors).

Available From: Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857, (800) 487-4889, www.recoverymonth.gov.

Order #: 13051

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Co-occurring Disorders: Integrated Dual Diagnosis Treatment.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2003. (Toolkit (Draft): 0 pages)

Abstract: The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) are pleased to introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy, and include information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and workbook or manual for practitioners. Integrated Dual Diagnosis Treatment is for people who have co-occurring disorders; mental illness and a substance use addiction. This treatment approach helps people recover by offering both mental health and substance abuse services at the same time and in one setting. This approach includes individualized treatment, based on a person's current stage of recovery, education about the illness, case management, help with housing, money management, relationships and social support, and counseling designed especially for people with co-occurring disorders (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Order #: 12259

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Mental Health Estimates from the 1994 National Household Survey on Drug Abuse.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, 1996. (Report: 101 pages)

Abstract: In 1994, the Substance Abuse and Mental Health Services Administration (SAMHSA) began collecting mental health data on the National Household Survey of Drug Abuse. This effort represented an important step in the measurement of mental health and its relationship with substance abuse, abuse, and dependence in the general population, because it was the first time that this type of data had been collected in a continuing national survey. This report provides background on the development of the mental health questions along with major results. It contains 1994 national estimates of the prevalence of four mental syndromes, and their co-occurrence with the use of and dependence on illicit drugs, alcohol and cigarettes (authors).

Available From: Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857, www.samhsa.gov.

Co-Occurring Disorders

Order #: 12129

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Strategies for Developing Treatment Programs for People with Co-Occurring Substance Abuse and Mental Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, 2003. (Report: 57 pages)

Abstract: This report is a part of the SAMHSA initiative to address the issues surrounding the delivery effective treatment to people with co-occurring substance abuse and mental disorders. The authors highlight challenges to service delivery, delineate strategies to overcome these challenges, identify methodologies to help public purchasers build integrated care systems, and describe core competencies and training from which treatment professionals and the people they serve can benefit.

Available From: Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857, www.nccbh.org/cooccurringreport.pdf.

Order #: 6708

Authors: Susser, E., Betne, P., Valencia, E., Goldfinger, S.M., Lehman, A.F.

Title: **Injection Drug Use Among Homeless Adults with Severe Mental Illness.**

Source: American Journal of Public Health 87(5): 854-856, 1997. (Journal Article: 3 pages)

Abstract: This study examined injection drug use among men and women who are homeless and have serious mental illnesses. The data were drawn from related clinical trials conducted in Baltimore (101 men, 49 women) and Boston (85 men, 33 women). The percentages of homeless men with a history of injection drug use were 26% in Baltimore and 16% in Boston; the corresponding rates among homeless women were 8% and 6%. Taken together, these and previous results suggest high lifetime prevalence of injection drug use and associated risks of HIV transmission in this elusive population (authors).

Order #: 10727

Authors: Swanson, A.J., Pantaloni, M.V., Cohen, K.R.

Title: **Motivational Interviewing and Treatment Adherence Among Psychiatric and Dually Diagnosed Patients.**

Source: Journal of Nervous and Mental Disease 187(10): 630-635, 1999. (Journal Article: 5 pages)

Abstract: The effect of motivational interviewing (MI) on outpatient treatment adherence among psychiatric and dually diagnosed inpatients was investigated. Subjects were 121 psychiatric inpatients, 93 of whom had concomitant substance abuse/dependence disorders, who were randomly assigned to standard treatment (ST), including pharmacotherapy, individual and group psychotherapy, activities therapy, milieu treatment, and discharge planning; or ST plus motivational interviewing, which involved 15 minutes of feedback on the results of a motivational assessment early in the hospitalization, and a 1-hour motivational interview just before discharge. Interviewers utilized motivational techniques such as reflective listening, discussion of treatment obstacles, and elicitation of motivational statements. Results indicated that the proportion of patients who attended their first outpatient appointment was significantly higher for the ST+MI group than for the ST group overall, and for dually diagnosed patients. Therefore, brief motivational interventions show promise in improving outpatient treatment adherence among psychiatric and dually diagnosed patients (authors).

Co-Occurring Disorders

Order #: 8664

Authors: Swartz, J.A., Lurigio, A.J., Goldstein, P.

Title: **Severe Mental Illness and Substance Use Disorders Among Former Supplemental Security Income Beneficiaries for Drug Addiction and Alcoholism.**

Source: Archives of General Psychiatry 57(7): 701-707, 2000. (Journal Article: 7 pages)

Abstract: This article examines whether recently enacted federal legislation targeted at curbing abuses of cash benefits for former Supplemental Security Income beneficiaries for drug addiction and/or alcoholism (DA&A) may be creating a residual population that is too seriously impaired to work owing to psychiatric and substance use disorders. Data were derived from one-year follow-up interviews of 204 randomly selected DA&A beneficiaries in Chicago who were initially interviewed between January and March 1997, immediately following their termination in the Supplemental Security Income DA&A program. Twenty-six percent had a past-year severe mental illness while 34% met the DSM-III-R criteria for drug dependence. Illegal drug use was also prevalent with about 50% of the sample testing positive for marijuana, cocaine, or opiates. Compared with those working and earning at least \$500 a month, unemployed or underemployed subjects who had lost all federal benefits had a much greater likelihood of being dependent on drugs and of having two or more comorbid psychiatric disorders. The authors state that it is increasingly difficult to help those who have lost DA&A benefits and who continue to be unemployed or underemployed make the transition from government assistance to sustained employment.

Order #: 12030

Authors: Timko, C., Moos, R.H.

Title: **Symptom Severity, Amount of Treatment, and One-Year Outcomes Among Dual Diagnosis Patients.**

Source: Administration and Policy in Mental Health 30(1): 35-54, 2002. (Journal Article: 20 pages)

Abstract: This study reports on associations among symptom severity, amount of treatment, and one-year outcomes in a national sample of 8,622 dual diagnosis patients who were classified at treatment entry into low-, moderate-, and high-severity groups. Patients with more severe symptoms at intake had poorer one-year outcomes. Higher severity patients did not receive adequate doses of care. Compared with low-severity patients, they had a shorter duration of care, although a longer duration was associated with improved outcomes; they also were less likely to receive outpatient substance abuse treatment, although more intensive treatment was associated with better drug outcomes. High-severity patients improved more on drug and legal outcomes, but less on psychiatric and family/social outcomes, than low-severity patients did when treatment was of longer duration or higher intensity. Dual diagnosis patients with highly severe symptoms would likely benefit from a longer episode of care that includes substance abuse and psychiatric outpatient treatment (authors).

Co-Occurring Disorders

Order #: 13614

Authors: Timko, C., Sempel, J.

Title: **Intensity of Acute Services, Self-Help Attendance and One Year Outcomes Among Dual Diagnosis Patients.**

Source: Journal of Studies on Alcohol 65(2): 274-282, 2004. (Journal Article: 8 pages)

Abstract: In this article, the authors examined the associations of the intensity of acute care services and twelve-step self-help group attendance with substance use and mental health outcomes for dual diagnosis patients. According to the authors, high service intensity in acute treatment was associated with better substance use and family/social outcomes both at discharge and at one year when patients' intake status was controlled. The authors also assert that more attendance at twelve-step self-help groups was associated with better patient substance use and psychiatric outcomes, both during and following treatment. The article states that the benefits of more twelve-step group attendance, however, depended on whether acute treatment was of low or high service intensity, and that more twelve-step group attendance during treatment was associated with better alcohol and drug outcomes at discharge only among patients treated in low-service-intensity programs. The article also states that more attendance postdischarge was associated with better psychiatric and family/social functioning at one year only among patients receiving low-service-intensity care. The authors suggest potential means by which high-service-intensity acute care programs might better facilitate patients' postdischarge use of twelve-step self-help groups to benefit outcomes (authors).

Order #: 12728

Authors: Timko, C., Sempel, J.M., Moos, R.H.

Title: **Model of Standard and Intensive Outpatient Care in Substance Abuse and Psychiatric Treatment.**

Source: Administration and Policy in Mental Health 30(5): 417-436, 2003. (Journal Article: 30 pages)

Abstract: This study compared standard to intensive outpatient programs, within both the psychiatric and substance abuse systems of care, on organization, staffing, and treatment orientation, clinical management practices, and services. A total of 723 Department of Veterans Affairs programs were surveyed nationwide. Psychiatric intensive programs have responded appropriately to their more severely ill patients in terms of the amount and orientation of care, and having a rehabilitation focus. However, the relative lack of basic psychiatric services in psychiatric intensive programs, may explain why intensive programs have not yielded patient outcomes that are superior to those of standard programs. Mental health system planners should consider differentiating intensive programs using broader criteria and methods (authors).

Order #: 6080

Authors: Tobola, D.

Title: **This Side of the Tracks: Kern Linkage Program Homeless Dual Diagnosis Intervention Manual.**

Source: Ridgecrest, CA: Desert Counseling Clinic, 1994. (Manual: 65 pages)

Abstract: The purpose of this manual is to illustrate a community-based intervention for dually diagnosed homeless people who live in a rural, agricultural area with a small urban center. Topics discussed include: creating a context for rural dual diagnosis intervention; Kern Linkage Program's client population; Kern Linkage's program structure; Kern Linkage's treatment process; a holistic view of Kern Linkage's intervention; and case studies.

Co-Occurring Disorders

Order #: 8780

Authors: Trumbetta, S.L., Mueser, K.T., Quimby, E., Bebout, R., Teague, G.B.

Title: **Social Networks and Clinical Outcomes of Dually Diagnosed Homeless Persons.**

Source: Behavior Therapy 30(3): 407-430, 1999. (Journal Article: 24 pages)

Abstract: This article examines longitudinal associations between social network characteristics and clinical outcomes in a group of 130 homeless persons diagnosed with substance abuse and severe mental illness. Patients whose alcohol-use disorder remitted over 18 months had more frequent contact with Alcoholics Anonymous or Narcotics Anonymous members at baseline, and those whose other substance use disorder remitted had fewer substance users in their baseline social networks. Smaller social networks predicted heavier alcohol use over time which, in turn, predicted attrition of abstinence supporters and decreased multiplexity of relationships. More social contact predicted improved Expanded Brief Psychiatric Rating Scale (BPRS) symptoms. Improved symptoms and greater multiplexity of social relationships predicted each other over time (authors).

Order #: 8247

Authors: Tsemberis, S., Asmussen, S.

Title: **From Streets to Homes: The Pathways to Housing Consumer Preference Supported Housing Model.**

Source: Alcoholism Treatment Quarterly 17(1/2): 113-131, 1999. (Journal Article: 19 pages)

Abstract: This article describes essential elements of the Consumer Preference Supported Housing (CPSH) Model of homelessness prevention in use at Pathways to Housing, Inc. in New York City. This intervention prevents homelessness by engaging and housing homeless substance abusers with psychiatric disabilities whom other programs have rejected as "treatment resistant" or "not housing ready." The CPSH model is built on the belief that housing is a basic right for all people. As opposed to the housing continuum model, housing is based on consumer choice and is not connected to compliance or treatment. Housing is provided immediately, and there are separate criteria for housing and treatment needs. Support services are aimed at integration of mental health and substance abuse services (authors).

Order #: 13670

Authors: Tsemberis, S., Gulcur, L., Nakae, M.

Title: **Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis.**

Source: American Journal of Public Health 94(4): 651-656, 2004. (Journal Article: 8 pages)

Abstract: This article examined the longitudinal effects of a Housing First program for homeless, mentally ill individuals on those individuals' consumer choice, housing stability, substance use, treatment utilization, and psychiatric symptoms. According to the article, two hundred twenty-five participants were randomly assigned to receive housing contingent on treatment and sobriety or to receive immediate housing without treatment prerequisites, and interviews were conducted every six months for twenty-four months. The article states that the experimental group obtained housing earlier, remained stably housed, and reported higher perceived choice. The authors also assert that utilization of substance abuse treatment was significantly higher for the control group, but no differences were found in substance use or psychiatric symptoms. The article concludes that participants in the Housing First program were able to obtain and maintain independent housing without compromising psychiatric or substance abuse symptoms (authors).

Co-Occurring Disorders

Order #: 13055

Authors: Tsemberis, S., Moran, L., Shinn, M., Asmussen, S., Shern, D.

Title: **Consumer Preference Programs for Individuals who are Homeless and Have Psychiatric Disabilities: A Drop-In Center and a Supported Housing Program.**

Source: American Journal of Community Psychology 32(3/4): 305-317, 2003. (Journal Article: 8 pages)

Abstract: In this article, the authors illustrate Fairweather's approach to Experimental Social Innovation and Dissemination with two experimental studies of programs to reduce homelessness for 168 and 225 people with mental illness and often substance abuse. Literally homeless participants were randomly assigned to programs that emphasized consumer choice or to the usual continuum of care, in which housing and services are contingent on sobriety and progress in treatment. A drop-in center that eliminated barriers to access to services was more successful than control programs in reducing homelessness, but after 24 months only 38% of participants had moved to community housing. A subsequent apartment program, in which individuals in the experimental condition moved to subsidized apartments directly from the street, with services under their control, had 79% in stable housing (compared to 27% in the control group) at the end of 6 months. According to the authors groups in this study did not differ on substance abuse or psychosocial outcomes (authors).

Order #: 10142

Authors: Usdan, S., Schmacher, J., Milby, J., Wallace, D., McNamara, C., Michael, M.

Title: **Crack Cocaine, Alcohol, and Other Drug Use Patterns Among Homeless Persons with Other Mental Disorders.**

Source: American Journal of Drug and Alcohol Abuse 27(1): 107-120, 2001. (Journal Article: 8 pages)

Abstract: This study examined the co-occurrence of cocaine, alcohol, marijuana, and other drug use among treatment-seeking homeless persons to determine whether alcohol use predicted cocaine use differently than marijuana and other drugs predicted cocaine use. Results supported the assertion that cocaine use was strongly associated with extent of alcohol use and the association between cocaine and alcohol was stronger than the association between cocaine and other drug use, including marijuana. Participants with cocaine plus alcohol disorders were retained longer in treatment than disorders of cocaine only with no differences in abstinence outcome. The findings should drive further research into the use of alcohol as a trigger or predictor of cocaine use, the deleterious effects of the combined use of cocaine and alcohol, and specialized treatments for polysubstance users (authors).

Order #: 7124

Authors: Valladeres, E., Zuniga, L., Castro, M., Calero, A., Philhour, P.

Title: **Camino Nuevo, A New Path: An Operations Manual for an Intensive Outpatient Program for Dually Diagnosed Individuals.**

Source: Miami, FL: Miami Mental Health Center, undated. (Manual: 43 pages)

Abstract: Camino Nuevo is an intensive outpatient treatment program for persons with co-occurring mental illness and substance use problems that was developed for clients with very high service needs. Although the program is not exclusively for homeless persons, the authors contend that its structure and strong links with case management make it particularly well suited to serving homeless persons with dual diagnosis. The manual serves as a framework for a detailed evaluation of the program's operation and effectiveness with dually diagnosed homeless persons, and can also serve as a guide for replication of the program (authors).

Co-Occurring Disorders

Order #: 2318

Authors: Warner, R., Taylor, D., Wright, J., Sloat, A., Springett, G., Arnold, S., Weinberg, H.

Title: **Substance Use Among the Mentally Ill: Prevalence, Reasons for Use, and Effects on Illness.**

Source: American Journal of Orthopsychiatry 64(1): 30-39, 1994. (Journal Article: 9 pages)

Abstract: This article examines the lifetime and current rates of substance use among a random sample of community-based individuals diagnosed with a serious mental illness. Current use was found to have declined substantially from a high lifetime prevalence. Family history of substance abuse was associated with moderate to heavy use but no association was found between heavy substance use and elevated psychopathology, hospitalization, or medication noncompliance. In addition, hospital admissions were less prevalent among those substance users who preferred marijuana. The authors contend that substance use may become less frequent when mental illness is better controlled through intensive case management and daily monitoring of medication (authors).

Order #: 10079

Authors: Watkins, K.E., Burnam, A., Kung, F.Y., Paddock, S.

Title: **A National Survey of Care for Persons With Co-Occurring Mental and Substance Use Disorders.**

Source: Psychiatric Services 52(8):1062-1068, 2001. (Journal Article: 7 pages)

Abstract: This article discusses a study which sought to describe the use of appropriate mental health and comprehensive substance abuse care among adults in the United States with probable co-occurring disorders. The delivery of appropriate treatment to persons who have mental and substance use disorders is of increasing concern to clinicians, administrators, and policy makers. The study found that despite the availability of effective treatments, most individuals who had co-occurring mental health and substance use problems were not receiving effective treatment. Efforts to improve the care provided to persons who have co-occurring disorders should focus on strategies that increase the delivery of effective treatment (authors).

Order #: 3822

Authors: Webb, D.

Title: **Good Chemistry: Psychoeducational Groups for Seriously Mentally Ill Chemical Abusers.**

Source: Austin, TX: Good Chemistry Groups, 1995. (Manual: 43 pages)

Abstract: This manual was designed to serve as the official guide for the Good Chemistry Group Co-Leaders for use when conducting meetings for people with co-occurring mental health and substance use disorders. Good Chemistry means balance in mental, physical, spiritual, and emotional life. It involves a formatted nine-step meeting program developed by the author. This manual is updated as progression in the program develops.

Available From: Deborah Webb, P.O. Box 3073, Austin, TX 78764-3073. (512) 442-1168.

Co-Occurring Disorders

Order #: 12436

Authors: Weinburg, D., Koegel, P.

Title: **Impediments to Recovery in Treatment Programs for Dually Diagnosed Homeless Adults: An Ethnographic Analysis.**

Source: Contemporary Drug Problems 22(2): 193-236, 1995. (Journal Article: 44 pages)

Abstract: This article draws on ethnographic data collected by the authors, to describe factors that hindered the ability of dually diagnosed homeless individuals to negotiate and complete treatment in each of the study's treatment settings. The authors describe the data collected, and its analysis, then discuss the two programs in which their study population was involved. The article also discusses three practical tensions that chronically interfered with many clients' ability to participate in these treatment programs: the anithetical demands placed on people by social life in the programs and social life as a homeless person on the streets; the challenge of participating in treatment while struggling to meet immediate subsistence needs; and the difficulties that arose for homeless dually diagnosed individuals as they came to recognize that many of their problems could not be resolved through participation in treatment. The authors conclude by highlighting the implications of their observations for those concerned with providing services to dually diagnosed homeless individuals (authors).

Order #: 12611

Authors: Wells, K., Klap, R., Koike, A., Sherbourne,C.

Title: **Ethnic Disparities in Unmet Need for Alcoholism, Drug Abuse, and Mental Health Care.**

Source: American Journal of Psychiatry 158(12): 2027-2032, 2001. (Journal Article: 6 pages)

Abstract: This study examined differences by ethnic status in unmet need for alcoholism, drug abuse, and mental health treatment. Recent policy has focused on documenting and reducing ethnic disparities in availability and quality of health care. Data were from a follow-up survey of adult respondents to a 1996-1997 national survey. Non-Hispanic whites, African Americans, and Hispanics were compared in access to alcoholism and drug abuse treatment and mental health care (primary or specialty), unmet need for care, satisfaction with care, and use of active treatment for alcoholism, drug abuse, and mental health problems in the prior 12 months. The authors document greater unmet need for alcoholism and drug abuse treatment and mental health care among African American and Hispanics relative to whites. New policies are needed to improve access to and quality of alcoholism, drug abuse, and mental health treatment across diverse populations (authors).

Order #: 7859

Authors: Winarski, J.T.

Title: **Implementing Interventions for Homeless Individuals with Co-Occurring Mental Health and Substance Use Disorders: A PATH Technical Assistance Package.**

Source: Washington, DC: Center for Mental Health Services, 1998. (Report: 92 pages)

Abstract: This technical assistance report was prepared to make state-of-the-art research and program information available to front-line practitioners in local Projects for Assistance in Transition from Homelessness (PATH) programs. This report provides a select bibliography, presents information from field-tested models, draws upon the most current academic literature, and focuses on strategies for overcoming problems that are common to front-line practitioners. The report is divided into three major sections: background information about the unique attributes of homeless individuals with co-occurring disorders; a summary of service approaches and treatment principles associated with effective responses to the needs of the target population; and strategies and interventions.

Available From: Center for Mental Health Services, P.O. Box 42557, Washington, DC 20015, 800-789-2647, www.mentalhealth.org.

Co-Occurring Disorders

Order #: 3645

Authors: Winarski, J.T., Dubus, P.

Title: **An Analysis of 16 Federally-Funded Programs for Homeless Individuals with Co-Occurring Mental Health and Substance Use Disorders.**

Source: Rockville, MD: Center for Mental Health Services/Center for Substance Abuse Treatment, 1994. (Monograph: 137 pages)

Abstract: The Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT) have collaboratively funded a demonstration to document innovative programs for homeless individuals with co-occurring disorders. This report summarizes and analyzes the phase one demonstration, which documents interventions and develops evaluation plans for promising approaches to the treatment of alcohol, drug abuse and mental illness. Sixteen demonstration programs represent major types of service provided to homeless people who have co-occurring mental health and substance use disorders, and cover a demographic and geographic range that represent a cross section of the nation. It includes common themes and distinguishing factors such as: critical client characteristics and practitioner responses; program structures; diagnostic procedures; planning and coordination processes; and treatment processes. In addition, this report examines the major clinical issues confronting service providers, including a description of common barriers to success. A perspective on the continuum of care and factors affecting the "seamlessness" of services within the delivery system are also described (authors).

Order #: 13656

Authors: Women, Co-Occurring Disorders and Violence Study Coordinating Center.

Title: **Women, Co-Occurring Disorders and Violence Study: Program Summary.**

Source: Delmar, NY: Women, Co-Occurring Disorders and Violence Study Coordinating Center, 2003. (Report: 6 pages)

Abstract: This report describes the Women, Co-Occurring Disorders and Violence Study, the first federal effort to address the significant lack of appropriate services for women with co-occurring substance abuse and mental health disorders who have experienced trauma and their children. The goal of this effort is to generate knowledge on the effectiveness of comprehensive, integrated service models for women with co-occurring disorders and histories of trauma and to generate knowledge on the effectiveness of a trauma-informed service intervention model for children of women with co-occurring disorders and histories of trauma (authors).

Available From: Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (518) 439-7415, wvcc@prainc.com, www.prainc.com

Order #: 12139

Authors: Wu, L.T., Ringwalt, C.L., Williams, C.E.

Title: **Use of Substance Abuse Treatment Services by Persons with Mental Health and Substance Use Problems.**

Source: Psychiatric Services 54(3): 363-369, 2003. (Journal Article: 7 pages)

Abstract: This article describes a study that provided population estimates of mental syndromes and substance use problems and examined whether the co-occurrence of mental health and substance use problems was associated with the use of substance abuse treatment services. Study data were drawn from the 1997 National Household Survey on Drug Abuse. The results show that the rate of help seeking among persons with alcohol use problems is low, which is a public health concern (authors).

Co-Occurring Disorders

Order #: 7336

Authors: Young, N.K., Grella, C.E.

Title: **Mental Health and Substance Abuse Treatment Services for Dually Diagnosed Clients: Results of a Statewide Survey of County Administrators.**

Source: The Journal of Behavioral Health Services and Research 25(1): 83-92, 1998. (Journal Article: 10 pages)

Abstract: In this article, findings are presented from a survey of administrators of county departments of mental health and alcohol and drug programs in 47 California counties regarding services for individuals with co-occurring mental and substance abuse disorders. The findings indicate that collaboration across county mental health and alcohol and drug services primarily occurs through information sharing, coordination of services, and joint projects. Fewer than one half of the counties responding provide integrated programs, and the most frequently provided services are outpatient counseling and case management. The authors suggest two different strategies for state action and discuss implications for policy (authors).

Order #: 10402

Authors: Ziedonis, D.M., Stern, R.

Title: **Dual Recovery Therapy for Schizophrenia and Substance Abuse.**

Source: Psychiatric Annals 31(4): 255-265, 2001. (Journal Article: 11 pages)

Abstract: This article describes the unique problems of managing comorbid substance abuse and schizophrenia in the mental health setting and how to treat this dual-diagnosis population using a recovery-oriented perspective. Dual recovery therapy (DRT) is reviewed and discussed. DRT blends traditional mental health and addiction psychosocial treatments while adapting them to the stage of recovery. DRT can guide individual clinicians and integrated dual-diagnosis treatment programs. With dual recovery possible, patients can improve their lives with integrated treatment and can regain a sense of meaning and purpose (authors).

Order #: 12541

Authors: Zweben, J.E.

Title: **Severely and Persistently Mentally Ill Substance Abusers: Clinical and Policy Issues.**

Source: Journal of Psychoactive Drugs 32(4): 383-389, 2000. (Journal Article: 6 pages)

Abstract: Communities that are struggling to provide effective treatment for the challenging population of severely mentally ill clients who use alcohol and drugs have a growing research base on which to make policy decisions. Integrating outpatient treatment for mental health and addictive disorders appears to be more effective than treatment in two separate systems. Integrated treatment at a single site allows for individualizing treatment priorities without fragmenting care. Harm reduction approaches provide a low threshold entry, which can be followed by interventions to enhance motivation. Managing patient benefits to discourage drug use reduces the likelihood of their becoming homeless, hospitalized or incarcerated. Inadequate treatment capacity plays a large role in the growing number of disturbed clients who end up in the criminal justice system. Effective community treatment requires vigorous collaboration between care providers. Ultimately, professional training programs need to produce clinicians who are competent and comfortable addressing alcohol and other drug use to implement effective treatment systems (author).